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GU: urinary incontinence.
Hematologic: ecchymosis, anemia.
Metabolic: weight gain, weight loss.
Musculoskeletal: neck pain, neck stiffness, muscle cramps.
Respiratory: dyspnea, pneumonia, cough.
Skin: rash, dry skin, pruritus, sweating, ulcer.
Other: flu syndrome.

INTERACTIONS
Drug-drug. *Antihypertensives:* Enhances antihypertensive effects. Monitor blood pressure.
Carbamazepine and other CYP 3A4 inducers: Decreases levels and effectiveness of aripiprazole. Double the usual dose of aripiprazole, and monitor the patient closely.
Ketoconazole and other CYP 3A4 inhibitors: Increases risk of serious toxic effects. Start treatment with one-half the usual dose of aripiprazole, and monitor patient closely.
Potential CYP 2D6 inhibitors (fluoxetine, paroxetine, quinidine): May increase levels and toxicity of aripiprazole. Halve the usual dose of aripiprazole.
Drug-food. *Grapefruit juice:* May increase aripiprazole level. Tell patient not to take drug with grapefruit juice.
Drug-lifestyle. *Alcohol use:* May increase CNS effects. Discourage use together.

EFFECTS ON LAB TEST RESULTS
- May increase creatine phosphokinase level.

CONTRAINDICATIONS
Contraindicated in patients with hypersensitivity to aripiprazole.

NURSING CONSIDERATIONS
- Use cautiously in patients with CV disease, cerebrovascular disease, or conditions that could predispose the patient to hypotension, such as dehydration or hypovolemia. Also use cautiously in patients with history of seizures or with conditions that lower the seizure threshold.
- Use cautiously in patients who engage in strenuous exercise, are exposed to extreme heat, take anticholinergic medications, or are susceptible to dehydration.
- Use cautiously in patients at risk for aspiration pneumonia, such as those with Alzheimer's disease.
- ***Alert:*** Neuroleptic malignant syndrome may occur with aripiprazole use. Monitor patient for hyperpyrexia, muscle rigidity, altered mental status, irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmias.
- If signs and symptoms of neuroleptic malignant syndrome occur, immediately stop drug and notify prescriber.
- Monitor patient for signs and symptoms of tardive dyskinesia. The elderly, especially elderly women, are at highest risk of developing this adverse effect.
- Patients should be treated with the smallest dose for the shortest time and periodically re-evaluated for continued treatment.
- Prescriptions should be written only for small quantities of tablets, to reduce risk of overdose.
- Use drug in pregnant patients only if the benefits outweigh the risks.
- It's unknown whether aripiprazole appears in breast milk; so breast-feeding isn't recommended.

PATIENT TEACHING
- Tell patient to use caution while driving or operating hazardous machinery because of psychoactive drugs may impair judgment, thinking, or motor skills.
- Tell patient that drug may be taken without regard to meals.
- Advise patients that grapefruit juice may interact with aripiprazole and should be limited or avoided.
- Advise patient that gradual improvement in symptoms should occur over several weeks rather than immediately.
- Tell patients to avoid alcohol use while taking drug.
- Advise patients to limit strenuous activity while taking drug, to avoid dehydration.

chlorpromazine hydrochloride

Chlorpromanyl-20†, Chlorpromanyl-40†, Largactil††, Novo-Chlorpromazine†, Thorazine

Pregnancy risk category C

AVAILABLE FORMS
Capsules (extended-release): 30 mg, 75 mg, 150 mg
Injection: 25 mg/ml
Oral concentrate: 30 mg/ml, 100 mg/ml
Suppositories: 25 mg, 100 mg
Syrup: 10 mg/5 ml
Tablets: 10 mg, 25 mg, 50 mg, 100 mg, 200 mg

INDICATIONS & DOSAGES
➤ **Psychosis, mania—**
Adults: For hospitalized patients with acute disease, 25 mg I.M.; may give an additional 25 to 50 mg I.M. in 1 hour if needed. Increase over several days to 400 mg q 4 to 6 hours. Switch to oral therapy as soon as possible. Or, 25 mg P.O. t.i.d. initially; then gradually increase to 400 mg daily in divided doses. For outpatients, 30 to 75 mg daily in two to four divided doses. Increase dosage by 20 to 50 mg twice weekly until symptoms are controlled.
Children age 6 months and older: 0.55 mg/kg P.O. q 4 to 6 hours or I.M. q 6 to 8 hours. Or, 1.1 mg/kg P.R. q 6 to 8 hours. Maximum I.M. dose in children younger than age 5 or weighing less than 22.7 kg (50 lb) is 40 mg. Maximum I.M. dose in children ages 5 to 12 or weighing 22.7 to 45.4 kg (50 to 100 lb) is 75 mg.
➤ **Nausea and vomiting—**
Adults: 10 to 25 mg P.O. q 4 to 6 hours, p.r.n. Or, 50 to 100 mg P.R. q 6 to 8 hours, p.r.n. Or, 25 mg I.M. initially. If no hypotension occurs, 25 to 50 mg I.M. q 3 to 4 hours may be given, p.r.n., until vomiting stops.
Children age 6 months and older: 0.55 mg/kg P.O. q 4 to 6 hours or I.M. q 6 to 8 hours. Or, 1.1 mg/kg P.R. q 6 to 8 hours. Maximum I.M. dose in children younger than age 5 or weighing less than 22.7 kg (50 lb) is 40 mg. Maximum I.M. dose in children ages 5 to 12 or weighing 22.7 to 45.4 kg (50 to 100 lb) is 75 mg.
➤ **Acute intermittent porphyria, intractable hiccups—**
Adults: 25 to 50 mg P.O. t.i.d. or q.i.d. If symptoms persist for 2 to 3 days, 25 to 50 mg I.M. For hiccups, if symptoms still persist, 25 to 50 mg diluted in 500 to 1,000 ml of normal saline solution and infused slowly with patient in supine position.
➤ **Tetanus—**
Adults: 25 to 50 mg I.V. or I.M. t.i.d. or q.i.d.
Children age 6 months and older: 0.55 mg/kg I.M. or I.V. q 6 to 8 hours. Maximum parenteral dosage in children weighing less than 22.7 kg (50 lb) is 40 mg daily; for children weighing 22.7 to 45.4 kg (50 to 100 lb), 75 mg, except in severe cases.
➤ **Surgery—**
Adults: Preoperatively, 25 to 50 mg P.O. 2 to 3 hours before surgery or 12.5 to 25 mg I.M. 1 to 2 hours before surgery; during surgery, 12.5 mg I.M., repeated in 30 minutes, if needed, or fractional 2-mg doses I.V. at 2-minute intervals to maximum dose of 25 mg; postoperatively, 10 to 25 mg P.O. q 4 to 6 hours or 12.5 to 25 mg I.M., repeated in 1 hour, if needed.
Children age 6 months and older: Preoperatively, 0.55 mg/kg P.O. 2 to 3 hours before surgery or I.M. 1 to 2 hours before surgery. During surgery, 0.275 mg/kg I.M., repeated in 30 minutes if needed, or fractional 1-mg doses I.V. at 2-minute intervals to maximum of 0.275 mg/kg. May repeat fractional I.V. regimen in 30 minutes if needed. Postoperatively, 0.55 mg/kg P.O. or I.M. q 4 to 6 hours (oral dose) or 1 hour (I.M. dose), if needed and if hypotension doesn't occur.
Elderly patients: Lower dosages are sufficient; dosage increments should be more gradual than in adults.

I.V. ADMINISTRATION
- Chlorpromazine is compatible with most common I.V. solutions, including D_5W, Ringer's injection, lactated Ringer's injection, and normal saline solution for injection.

- For direct injection, drug may be diluted with normal saline solution for injection and given into a large vein or through the tubing of a free-flowing I.V. solution. Don't exceed 1 mg/minute for adults or 0.5 mg/minute for children.
- For intermittent I.V. infusion, dilute with 50 or 100 ml of a compatible solution and infuse over 30 minutes.

ACTION

Unknown. A piperidine phenothiazine that probably blocks postsynaptic dopamine receptors in the brain.

Route	Onset	Peak	Duration
P.O.	30-60 min	Unknown	4-6 hr
P.O. (extended)	30-60 min	Unknown	10-12 hr
I.V., I.M.	Unknown	Unknown	Unknown
P.R.	> 1 hr	Unknown	3-4 hr

ADVERSE REACTIONS

CNS: *extrapyramidal reactions,* drowsiness, *sedation, **seizures,** tardive dyskinesia, pseudoparkinsonism,* dizziness, ***neuroleptic malignant syndrome.***
CV: *orthostatic hypotension,* tachycardia, quinidine-like ECG effects.
EENT: ocular changes, blurred vision, nasal congestion.
GI: *dry mouth, constipation,* nausea.
GU: *urine retention,* menstrual irregularities, inhibited ejaculation, priapism.
Hematologic: ***leukopenia, agranulocytosis,*** eosinophilia, hemolytic anemia, ***aplastic anemia, thrombocytopenia.***
Hepatic: jaundice.
Skin: *mild photosensitivity reactions,* allergic reactions, *pain at I.M. injection site,* sterile abscess, skin pigmentation changes.
Other: gynecomastia, lactation, galactorrhea.

INTERACTIONS

Drug-drug. *Antacids:* Inhibits absorption of oral phenothiazines. Separate antacid and phenothiazine doses by at least 2 hours.
Anticholinergics such as antidepressants, antiparkinsonians: Increases anticholinergic activity, aggravated parkinsonian symptoms. Use together cautiously.
Anticonvulsants: May lower seizure threshold. Monitor patient closely.
Barbiturates, lithium: May decrease phenothiazine effect. Monitor patient.
Centrally acting antihypertensives: Decreases antihypertensive effect. Monitor blood pressure.
CNS depressants: Increases CNS depression. Use together cautiously.
Electroconvulsive therapy, insulin: May precipitate severe reactions. Monitor patient closely.
Lithium: May increase neurologic effects. Monitor patient closely.
Propranolol: Increases levels of both propranolol and chlorpromazine. Monitor patient closely.
Warfarin: Decreases effect of oral anticoagulants. Monitor PT and INR.
Drug-herb. *Kava:* May cause dystonic reactions. Discourage use together.
St. John's wort: May cause photosensitivity reactions. Advise patient to avoid excessive sunlight exposure.
Yohimbe: May cause yohimbe toxicity. Discourage use together.
Drug-lifestyle. *Alcohol use:* Increases CNS depression. Discourage use together.
Sun exposure: Increases risk of photosensitivity reactions. Advise patient to avoid excessive sunlight exposure.

EFFECTS ON LAB TEST RESULTS

- May increase liver function test values and eosinophil count. May decrease hemoglobin, hematocrit, and WBC, granulocyte, and platelet counts.
- May cause false-positive test results for urinary porphyrins, urobilinogen, amylase, and 5-hydroxyindoleacetic acid because of darkening of urine by metabolites and false-positive results for urine pregnancy tests that use human chorionic gonadotropin.

CONTRAINDICATIONS

Contraindicated in patients hypersensitive to drug; in those with CNS depression, bone marrow suppression, or subcortical damage; and in those in coma.

NURSING CONSIDERATIONS

- Use cautiously in elderly or debilitated patients and in patients with hepatic or renal disease, severe CV disease (may suddenly decrease blood pressure), respiratory disorders, hypocalcemia, glaucoma, prostatic hyperplasia. Also use cautiously in those exposed to extreme heat or cold (including antipyretic therapy) or organophosphate insecticides.
- Use cautiously in acutely ill or dehydrated children.
- Obtain baseline blood pressure measurements before starting therapy, and monitor them regularly. Watch for orthostatic hypotension, especially with parenteral administration. Monitor blood pressure before and after I.M. administration; keep patient supine for 1 hour afterward and have him get up slowly.
- Wear gloves when preparing solutions and avoid contact with skin and clothing. Oral liquid and parenteral forms can cause contact dermatitis.
- Slight yellowing of injection or concentrate is common and doesn't affect potency. Discard markedly discolored solutions.
- Protect liquid concentrate from light. Dilute with fruit juice, milk, or semisolid food just before administration.
- Give deep I.M. only in upper outer quadrant of buttocks. Consider giving injection by Z-track method. Massage slowly afterward to prevent sterile abscess. Injection stings. Rotate injection sites.
- Monitor patient for tardive dyskinesia, which may occur after prolonged use. It may not appear until months or years later and may disappear spontaneously or persist for life, despite stopping drug.
- After abrupt withdrawal of long-term therapy, gastritis, nausea, vomiting, dizziness, or tremor may occur.
- ***Alert:*** Watch for evidence of neuroleptic malignant syndrome (extrapyramidal effects, hyperthermia, autonomic disturbance), which is rare but usually fatal. It may not be related to length of drug use or type of neuroleptic; more than 60% of affected patients are men.
- Monitor therapy with periodic bilirubin tests during first month, periodic blood tests (CBCs and liver function tests), and ophthalmic tests (long-term use).
- Withhold dose and notify prescriber if jaundice, symptoms of blood dyscrasia (fever, sore throat, infection, stomatitis, weakness), or persistent extrapyramidal reactions (longer than a few hours) develop, or if such reactions occur in children or pregnant women.
- Don't withdraw drug abruptly unless necessitated by severe adverse reactions.
- ***Alert:*** Don't confuse chlorpromazine with chlorpropamide, a hypoglycemic. Make sure that any drug given is appropriate for patient's treatment.
- ***Alert:*** Don't confuse chlorpromazine with clomipramine.

PATIENT TEACHING

- Warn patient to avoid activities that require alertness or good coordination until effects of drug are known. Drowsiness and dizziness usually subside after first few weeks.
- ***Alert:*** Advise patient not to crush, chew or break extended release capsule form before swallowing.
- Tell patient to avoid alcohol while taking drug.
- Have patient report signs of urine retention or constipation.
- Tell patient to use sunblock and to wear protective clothing to avoid oversensitivity to the sun. Chlorpromazine is more likely to cause sun sensitivity than any other drug in its class.
- Tell patient to relieve dry mouth with sugarless gum or hard candy.
- Advise patient receiving drug by any method other than by mouth to remain lying down for 1 hour afterward and to rise slowly.

clozapine

Clozaril

Pregnancy risk category B

AVAILABLE FORMS

Tablets: 25 mg, 100 mg

INDICATIONS & DOSAGES

➤ **Schizophrenia in severely ill patients unresponsive to other therapies—**
Adults: Initially, 12.5 mg P.O. once daily or b.i.d., adjusted upward by 25 to 50 mg daily (if tolerated) to 300 to 450 mg daily

line abnormalities can complicate patient monitoring. Stop drug if clinical signs and symptoms of hepatic dysfunction appear, such as increased AST or ALT levels exceeding three times the upper limit of normal. Don't restart therapy.
- Allow at least 1 week between stopping nefazodone and starting MAO inhibitor therapy, and at least 14 days before beginning nefazodone after MAO inhibitor therapy has been stopped.
- Record mood changes. Monitor patient for suicidal tendencies, and allow only minimum supply of drug.
- ***Alert:*** Don't confuse Serzone with Seroquel.

PATIENT TEACHING
- Warn patient not to engage in hazardous activity until effects of drug are known.
- ***Alert:*** Instruct men who experience prolonged or inappropriate erections to stop drug immediately and notify prescriber.
- Instruct woman to notify prescriber if she becomes pregnant or is planning pregnancy during therapy or if she's breast-feeding.
- ***Alert:*** Teach the patient the signs and symptoms of liver problems, including yellowed skin or eyes, appetite loss, GI complaints, and malaise. Tell the patient to report these adverse events to prescriber immediately.
- Tell patient to notify prescriber if rash, hives, or related allergic reactions occur.
- Instruct patient to avoid alcohol during therapy.
- Tell patient to notify prescriber before taking OTC drugs.
- Inform patient that several weeks of therapy may be needed to obtain full antidepressant effect. Once improvement occurs, advise him not to stop drug until directed by prescriber.

nortriptyline hydrochloride
Allegron‡, Pamelor*

Pregnancy risk category NR

AVAILABLE FORMS
Capsules: 10 mg, 25 mg, 50 mg, 75 mg
Oral solution: 10 mg/5 ml*
Tablets: 10 mg‡, 25 mg‡

INDICATIONS [illegible]
➤ Depression—
Adults: 25 mg P.O. t.i.d. or q[illegible]
ly increased to maximum of [illegible]
Entire dose may be given h.s. M[illegible]
plasma levels when doses abov[illegible]
day are given.
Adolescents and elderly patien[illegible]
50 mg daily given once or in div[illegible]
doses.

ACTION
Unknown. A TCA that increases [illegible]
amount of norepinephrine, sero[illegible]
both in the CNS by blocking their [illegible]
take by the presynaptic neurons.

Route	Onset	Peak	T½
P.O.	Unknown	7-8.5 hr	[illegible]

ADVERSE REACTIONS
CNS: *drowsiness, dizziness, seizur[illegible]* tremor, weakness, confusion, headac[illegible] nervousness, EEG changes, ***CVA,*** [illegible] trapyramidal syndrome, insomnia, ni[illegible] mares, hallucinations, paresthesia, s[illegible] agitation.
CV: ECG changes, *tachycardia,* hypo[illegible] sion, hypotension, ***MI, heart block.***
EENT: *blurred vision,* tinnitus, mydri[illegible]
GI: dry mouth, *constipation,* nausea, [illegible] vomiting, anorexia, paralytic ileus.
GU: *urine retention.*
Hematologic: bone marrow depression, ***agranulocytosis,*** eosinophilia, ***thrombo[illegible] topenia.***
Metabolic: ***hypoglycemia,*** hyperglycem[illegible]
Skin: rash, urticaria, photosensitivity re[illegible] actions, diaphoresis.
Other: hypersensitivity reactions.

INTERACTIONS
Drug-drug. *Barbiturates, CNS depressants:* Enhances CNS depression. Avoid using together.
Cimetidine, fluoxetine, sertraline: May increase nortriptyline levels. Watch for adverse reactions.
Clonidine: Decreases effects of clonidine. Avoid using together, if possible. Monitor blood pressure.
Epinephrine, norepinephrine: Increased hypertensive effect. Use together cautiously.

Reactions may be *common,* uncommon, ***life-threatening,*** or COMMON AND LIFE-THREATENING.

[illegible] May cause severe excita[illegible] or seizures, usually [illegible] avoid using together.
[illegible] *evening primrose oil:* May [illegible] synergistic effect, result[illegible] seizure threshold and increas[illegible] seizure. Discourage use to[illegible]
[illegible] *SAM-e, yohimbe:* May [illegible] syndrome. Discourage use [illegible]
[illegible] *Alcohol use:* Enhances [illegible] sion. Discourage use together.
[illegible] may lower levels of nortripty[illegible] patient for lack of effect.
[illegible] Increases risk of photosen[illegible] tions. Advise patient to avoid [illegible] sunlight exposure.

[illegible]S ON LAB TEST RESULTS
[illegible] crease or decrease glucose levels.
[illegible] crease liver function test values
[illegible] nophil count. May decrease WBC, [illegible] granulocyte, and platelet counts.

[illegible]RAINDICATIONS
[illegible] indicated in patients hypersensitive [illegible] and during acute recovery phase [illegible] also contraindicated within 14 days [illegible] O therapy.

[illegible]NING CONSIDERATIONS
[illegible] with extreme caution in patients [illegible] glaucoma, suicidal tendency, history [illegible] urine retention or seizures, CV disease, [illegible] hyperthyroidism and in those receiving [illegible] yroid drugs.
[illegible] Monitor patient for nausea, headache, [illegible] and malaise after abrupt withdrawal of [illegible] long-term therapy; however, these symp[illegible] toms don't indicate addiction.
[illegible] Because hypertensive episodes have oc[illegible] curred during surgery in patients receiving [illegible] TCAs, dosage should be gradually discon[illegible] tinued several days before surgery.
[illegible] If signs or symptoms of psychosis occur [illegible] or increase, expect prescriber to reduce [illegible] dosage. Record mood changes. Monitor [illegible] patient for suicidal tendencies and allow [illegible] him only a minimum supply of drug.
[illegible] Recommend use of sugarless hard candy [illegible] or gum to relieve dry mouth. Saliva substi[illegible] tutes may be needed.
[illegible] ***Alert:*** Don't confuse nortriptyline with amitriptyline.

PATIENT TEACHING
- Advise patient to take full dose at bedtime whenever possible, to reduce risk of dizziness upon standing quickly.
- Warn patient to avoid activities that require alertness and good coordination until effects of drug are known. Drowsiness and dizziness usually subside after a few weeks.
- Tell patient to consult prescriber before taking other prescription or OTC drugs.
- Warn patient not to stop drug suddenly.
- To prevent oversensitivity to the sun, advise patient to use sunblock, wear protective clothing, and avoid prolonged exposure to strong sunlight.

paroxetine hydrochloride
Aropax‡, Paxil, Paxil CR, Seroxat§

Pregnancy risk category C

AVAILABLE FORMS
Suspension: 10 mg/5 ml
Tablets: 10 mg, 20 mg, 30 mg, 40 mg
Tablets (controlled-release): 12.5 mg, 25 mg, 37.5 mg

INDICATIONS & DOSAGES
➤ Depression—
Adults: Initially, 20 mg P.O. daily, preferably in morning, as indicated. If no clinical improvement is apparent, dosage may be increased in increments of 10 mg daily at intervals of not less than 1 week to maximum of 50 mg daily. If using controlled-release formulation, initially 25 mg P.O. daily. Dose may be increased in 12.5-mg/day increments at weekly intervals, to maximum of 62.5 mg/day.
Elderly patients: Initially, 10 mg P.O. daily, preferably in morning, as indicated. If no clinical improvement is apparent, dose may be increased in 10-mg/day increments at weekly intervals, to maximum of 40 mg daily. If using controlled-release formulation, start therapy at 12.5 mg P.O. daily. Don't exceed 50 mg/day.
➤ Obsessive-compulsive disorder (OCD)—
Adults: Initially, 20 mg P.O. daily, preferably in morning. Dose may be increased in 10-mg/day increments at weekly inter-

•Liquid contains alcohol. †Canada ‡Australia §U.K. ◇OTC ◆Off-label use

INTERACTIONS
Drug-drug. *Amitriptyline, fluoxetine, fluvoxamine, quinidine:* Decreases galantamine clearance. Monitor patient closely. *Anticholinergics:* May antagonize anticholinergic activity. Monitor patient. *Cholinergics (such as bethanechol, succinylcholine):* Has synergistic effect. Monitor patient closely. May need to avoid use before procedures using general anesthesia with succinylcholine-type neuromuscular blockers. *Cimetidine, erythromycin, ketoconazole, paroxetine:* Increases galantamine bioavailability. Monitor patient closely.

EFFECTS ON LAB TEST RESULTS
None reported.

CONTRAINDICATIONS
Contraindicated in patients hypersensitive to drug or its components.

NURSING CONSIDERATIONS
- Use cautiously in patients with supraventricular cardiac conduction disorders and in those taking other drugs that significantly slow heart rate. Use cautiously during or before procedures involving anesthesia using succinylcholine-type or similar neuromuscular blockers. Also use cautiously in patients with history of peptic ulcer disease and in those taking NSAIDs. Because of the potential for cholinomimetic effects, use cautiously in patients with bladder outflow obstruction, seizures, asthma, or COPD.
- Bradycardia and heart block may occur in patients with and without underlying cardiac conduction abnormalities. Consider all patients at risk for adverse effects on cardiac conduction.
- Give drug with food and antiemetics and ensure adequate fluid intake to decrease the risk of nausea and vomiting.
- Use proper technique when dispensing the oral solution with the pipette. Dispense measured amount in a nonalcoholic beverage and give right away.
- If drug is stopped for several days or longer, it should be restarted at the lowest dose and gradually increased, at 4-week or longer intervals, to the previous dosage level.
- Because of the risk of increased gastric acid secretion, monitor patients closely for symptoms of active or occult GI bleeding, especially those with an increased risk of developing ulcers.
- Safety and efficacy in children haven't been established.

PATIENT TEACHING
- Advise caregiver to give drug with morning and evening meals.
- Inform patient that nausea and vomiting are common adverse effects.
- Teach caregiver the proper technique when measuring the oral solution with the pipette. Place measured amount in a nonalcoholic beverage and have patient drink right away.
- Urge patient or caregiver to report slow heartbeat immediately.
- Advise patient and caregiver that although drug may improve cognitive function, it doesn't alter the underlying disease process.

lithium carbonate
Camcolit§, Carbolith†, Duralith†, Eskalith, Eskalith CR, Lithane, Lithicarb‡, Lithizine†, Lithobid, Lithonate, Lithotabs, Priadel§

lithium citrate
Cibalith-S*

Pregnancy risk category D

AVAILABLE FORMS
lithium carbonate
Capsules: 150 mg, 300 mg, 600 mg
Tablets: 250 mg‡, 300 mg (300 mg equals 8.12 mEq lithium)
Tablets (controlled-release): 300 mg, 400 mg‡, 450 mg
lithium citrate
Syrup (sugarless): 8 mEq (lithium)/5 ml
Note: 5 ml of lithium citrate (liquid) contains 8 mEq lithium, equal to 300 mg lithium carbonate.

INDICATIONS & DOSAGES
➤ **Prevention or control of mania—**
Adults: 300 to 600 mg P.O. up to q.i.d. Or, 900 mg controlled-release tablets P.O. q 12 hours. Increase dosage based on blood

Reactions may be *common*, uncommon, ***life-threatening***, or COMMON AND LIFE-THREATENING.

[illegible] to achieve optimal dosage. Recommended therapeutic lithium levels are [illegible] mEq/L for acute mania, 0.6 to 1.2 mEq/L for maintenance therapy, and 1.5 mEq/L maximum.

ACTION
Unknown. Probably alters chemical transmitters in the CNS, possibly by interfering with ionic pump mechanisms in brain cells, and may compete with or replace sodium ions.

[illegible]	Peak	Duration
P.O.	Unknown	30 min-3 hr	Unknown

ADVERSE REACTIONS
CNS: tremors, drowsiness, headache, confusion, restlessness, dizziness, psychomotor retardation, *lethargy, coma,* blackouts, ***epileptiform seizures,*** EEG changes, worsened organic mental syndrome, impaired speech, ataxia, incoordination, *fatigue.*
CV: reversible ECG changes, ***arrhythmias,*** hypotension, ***bradycardia.***
EENT: tinnitus, blurred vision.
GI: dry mouth, metallic taste, nausea, *vomiting, anorexia, diarrhea, thirst,* abdominal pain, flatulence, indigestion.
GU: *polyuria,* glycosuria, decreased creatinine clearance, albuminuria, ***renal toxicity*** with long-term use.
Hematologic: *leukocytosis with leukocyte count of 14,000 to 18,000/mm³.*
Metabolic: transient hyperglycemia; goiter; hypothyroidism, hyponatremia.
Musculoskeletal: *muscle weakness.*
Skin: pruritus, rash, diminished or absent sensation, drying and thinning of hair, psoriasis, acne, alopecia.
Other: ankle and wrist edema.

INTERACTIONS
Drug-drug. *ACE inhibitors:* Increased plasma lithium levels. Monitor lithium levels; adjust lithium dosage, as needed. *Aminophylline, sodium bicarbonate, urine alkalinizers:* Increased lithium excretion. Avoid excessive salt, and monitor lithium levels. *Calcium channel blockers (verapamil):* May decrease lithium levels and increase risk of neurotoxicity. Use together cautiously. *Carbamazepine, fluoxetine, methyldopa, NSAIDs, probenecid:* Increased effect of lithium. Monitor patient for lithium toxicity. *Diuretics:* Increased reabsorption of lithium by kidneys, with possible toxic effect. Use with extreme caution, and monitor lithium and electrolyte levels (especially sodium). *Neuromuscular blockers:* May cause prolonged paralysis or weakness. Monitor patient closely.
Drug-food. *Caffeine:* Decreased lithium plasma levels; may reduce pharmacologic effect. Tell patient who ingests large amounts of caffeine to tell prescriber before stopping caffeine. Adjust lithium dosage, as needed.

EFFECTS ON LAB TEST RESULTS
- May increase glucose level and serum creatinine levels. May decrease sodium, T_3, T_4, and protein-bound iodine levels.
- May increase ^{131}I uptake and WBC and neutrophil counts.

CONTRAINDICATIONS
Contraindicated if therapy can't be closely monitored.

NURSING CONSIDERATIONS
- Don't give to pregnant patient unless benefits outweigh risks to fetus.
- Use with extreme caution in patients receiving neuromuscular blockers, and diuretics; in elderly or debilitated patients; and in patients with thyroid disease, seizure disorder, infection, renal or CV disease, severe debilitation or dehydration, or sodium depletion.
- Lithane may contain tartrazine.
- ***Alert:*** Determination of lithium level is crucial to safe use of drug. Don't use drug in patients who can't have regular tests. Monitor lithium level 8 to 12 hours after first dose, the morning before second dose is given, two or three times weekly for the first month, then weekly to monthly during maintenance therapy.
- When levels of lithium are below 1.5 mEq/L, adverse reactions are usually mild.
- Monitor baseline ECG, thyroid studies, renal studies, and electrolyte levels.

*Liquid contains alcohol. †Canada ‡Australia §U.K. ◇OTC ◆Off-label use

• Check fluid intake and output, especially when surgery is scheduled.
• Weigh patient daily; check for edema or sudden weight gain.
• Adjust fluid and salt ingestion to compensate if excessive loss occurs from protracted diaphoresis or diarrhea. Under normal conditions, patient should have fluid intake of 2½ to 3 L daily and a balanced diet with adequate salt intake.
• Check urine specific gravity and report level below 1.005, which may indicate diabetes insipidus.
• Drug alters glucose tolerance in diabetics. Monitor glucose level closely.
• Perform outpatient follow-up of thyroid and renal functions every 6 to 12 months. Palpate thyroid to check for enlargement.
• ***Alert:*** Don't confuse Lithobid with Levbid, Lithonate with Lithostat, or Lithotabs with Lithobid or Lithostat.

PATIENT TEACHING
• Tell patient to take drug with plenty of water and after meals to minimize GI upset.
• Explain that lithium has a narrow therapeutic margin of safety. A level that's even slightly high can be dangerous.
• Warn patient and caregivers to expect transient nausea, polyuria, thirst, and discomfort during first few days of therapy, and to watch for evidence of toxicity (diarrhea, vomiting, tremor, drowsiness, muscle weakness, ataxia).
• Instruct patient to withhold one dose and call prescriber if signs and symptoms of toxicity appear, but not to stop drug abruptly.
• Warn patient to avoid hazardous activities that require alertness and good psychomotor coordination until CNS effects of drug are known.
• Tell patient not to switch brands of lithium or take other prescription or OTC drugs without prescriber's guidance.
• Tell patient to wear or carry medical identification at all times.

naratriptan hydrochloride
Amerge

Pregnancy risk category C

AVAILABLE FORMS
Tablets: 1 mg, 2.5 mg

INDICATIONS & DOSAGES
➤ **Acute migraine attacks with or without aura—**
Adults: 1 or 2.5 mg P.O. as a single dosage. If headache returns or responds only partially, dose may be repeated after 4 hours. Maximum, 5 mg in 24 hours.
Adjust-a-dose: For patients with mild to moderate renal or hepatic impairment, a lower initial dose is recommended. Maximum, 2.5 mg in 24 hours.

ACTION
May selectively activate serotonin receptors in intracranial blood vessels, resulting in vasoconstriction and migraine headache relief. Or the inhibition of neuropeptide release may reduce pain transmission in the trigeminal pathways.

Route	Onset	Peak	Duration
P.O.	Unknown	2-3 hr	Unknown

ADVERSE REACTIONS
CNS: paresthesia, dizziness, drowsiness, malaise, fatigue, vertigo, syncope.
CV: palpitations, increased blood pressure, ***tachyarrhythmias, abnormal ECG changes, coronary vasospasm.***
EENT: ear, nose, and throat infections; photophobia.
GI: nausea, hyposalivation, vomiting.
Other: sensations of warmth, cold, pressure, tightness, or heaviness.

INTERACTIONS
Drug-drug. *Ergot-containing or ergot-type drugs (dihydroergotamine, methysergide), other 5-HT$_1$ agonists:* Prolonged vasospastic reactions. Don't give within 24 hours of naratriptan.
Hormonal contraceptives: Slightly increased levels of naratriptan. Monitor patient.
SSRIs (fluoxetine, fluvoxamine, paroxetine, sertraline): May cause weakness, hyper-

Reactions may be *common*, uncommon, ***life-threatening***, or COMMON AND LIFE-THREATENING.

…and incoordination. Monitor pa…

…ech. *St. John's wort:* Increased sero… effect. Discourage use together.
…estyle. *Smoking:* Increased clear… naratriptan. Discourage use to…

…CTS ON LAB TEST RESULTS
…reported.

…NTRAINDICATIONS
…indicated in patients hypersensitive … its components and in those … history or evidence of cardiac is… and cerebrovascular or peripheral … syndromes or a history of uncon… hypertension. Also, contraindicated … elderly patients, patients with severe re… impairment (creatinine clearance be… 15 ml/minute), patients with severe … impairment (Child-Pugh grade C), … patients who have received ergot-containing, ergot-type, or other 5-HT$_1$ … during the previous 24 hours.

…RSING CONSIDERATIONS
…e cautiously in patients with risk fac… for coronary artery disease, such as …pertension, hypercholesterolemia, obe…, diabetes, or strong family history of coronary artery disease. Also, use cautiously in women with surgical or physiologic menopause, in men older than age 40, and in patients who smoke unless a CV evaluation has shown patient to be free from cardiac disease. If patient has cardiac risk factors but a satisfactory CV evaluation, monitor him closely after first dose.
• Use cautiously in patients with renal or hepatic impairment.
• Assess cardiac status in patients who develop risk factors for coronary artery disease.
• ***Alert:*** Drug can cause coronary artery vasospasm and increased risk of cerebrovascular events.
• Drug isn't intended to prevent migraines or manage hemiplegic or basilar migraine.
• Safety and effectiveness of drug haven't been established for treating cluster headaches or more than four headaches in a 30-day period.
• Use drug after a definite diagnosis of migraine has been established.

PATIENT TEACHING
• Instruct patient to take drug only as prescribed and to read the accompanying patient instruction leaflet before using drug.
• Tell patient that drug is intended to relieve, not prevent, migraines.
• Instruct patient to take dose soon after headache starts. If no response occurs with first tablet, tell patient to seek medical approval before taking second tablet. Tell patient that if more relief is needed after first tablet (if a partial response occurs or headache returns), and prescriber has approved a second dose, patient may take a second tablet but not sooner than 4 hours after first tablet. Tell him not to exceed two tablets within 24 hours.
• Advise patient to increase fluid intake.
• Advise patient not to use drug if she suspects or knows that she's pregnant.
• Tell patient to alert prescriber about bothersome adverse effects.

nicotine polacrilex (nicotine-polacrilin resin complex)
Commit ◇, Nicorette ◇, Nicotinell§

Pregnancy risk category C

AVAILABLE FORMS
Chewing gum: 2 mg/square, 4 mg/square
Lozenge: 2 mg, 4 mg

INDICATIONS & DOSAGES
➤ **Smoking cessation—**
Adults: Initially, one 2-mg square; highly dependent patients should start treatment with 4-mg squares. Patient should chew 1 piece of gum slowly and intermittently for 30 minutes whenever the urge to smoke occurs. Most patients need 9 to 12 pieces of gum daily during the first month. For patients using 4-mg squares, maximum dose is 20 pieces daily. For patients using 2-mg squares, maximum dose is 30 pieces daily. If using the lozenge, patients who smoke within 30 minutes of waking should use the 4 mg lozenge. Those who smoke after 30 minutes of waking should use the 2 mg lozenge. During the first 6 weeks, use 1 lozenge q 1 to

*Liquid contains alcohol. †Canada ‡Australia §U.K. ◇OTC ◆Off-label use

GU: urinary incontinence.
Hematologic: ecchymosis, anemia.
Metabolic: weight gain, weight loss.
Musculoskeletal: neck pain, neck stiffness, muscle cramps.
Respiratory: dyspnea, pneumonia, cough.
Skin: rash, dry skin, pruritus, sweating, ulcer.
Other: flu syndrome.

INTERACTIONS

Drug-drug. *Antihypertensives:* Enhances antihypertensive effects. Monitor blood pressure.
Carbamazepine and other CYP 3A4 inducers: Decreases levels and effectiveness of aripiprazole. Double the usual dose of aripiprazole, and monitor the patient closely.
Ketoconazole and other CYP 3A4 inhibitors: Increases risk of serious toxic effects. Start treatment with one-half the usual dose of aripiprazole, and monitor patient closely.
Potential CYP 2D6 inhibitors (fluoxetine, paroxetine, quinidine): May increase levels and toxicity of aripiprazole. Halve the usual dose of aripiprazole.
Drug-food. *Grapefruit juice:* May increase aripiprazole level. Tell patient not to take drug with grapefruit juice.
Drug-lifestyle. *Alcohol use:* May increase CNS effects. Discourage use together.

EFFECTS ON LAB TEST RESULTS

- May increase creatine phosphokinase level.

CONTRAINDICATIONS

Contraindicated in patients with hypersensitivity to aripiprazole.

NURSING CONSIDERATIONS

- Use cautiously in patients with CV disease, cerebrovascular disease, or conditions that could predispose the patient to hypotension, such as dehydration or hypovolemia. Also use cautiously in patients with history of seizures or with conditions that lower the seizure threshold.
- Use cautiously in patients who engage in strenuous exercise, are exposed to extreme heat, take anticholinergic medications, or are susceptible to dehydration.
- Use cautiously in patients at risk [illegible] piration pneumonia, such as those [illegible] Alzheimer's disease.
- ***Alert:*** Neuroleptic malignant syndrome may occur with aripiprazole use. Monitor patient for hyperpyrexia, muscle rigidity, altered mental status, irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmias.
- If signs and symptoms of neuroleptic malignant syndrome occur, immediately stop drug and notify prescriber.
- Monitor patient for signs and symptoms of tardive dyskinesia. The elderly, especially elderly women, are at highest risk for developing this adverse effect.
- Patients should be treated with the smallest dose for the shortest time and periodically re-evaluated for continued treatment.
- Prescriptions should be written only for small quantities of tablets, to reduce risk of overdose.
- Use drug in pregnant patients only if the benefits outweigh the risks.
- It's unknown whether aripiprazole appears in breast milk, so breast-feeding isn't recommended.

PATIENT TEACHING

- Tell patient to use caution while driving or operating hazardous machinery because of psychoactive drugs may impair judgment, thinking, or motor skills.
- Tell patient that drug may be taken without regard to meals.
- Advise patients that grapefruit juice may interact with aripiprazole and should be limited or avoided.
- Advise patient that gradual improvement in symptoms should occur over several weeks rather than immediately.
- Tell patients to avoid alcohol use while taking drug.
- Advise patients to limit strenuous activity while taking drug, to avoid dehydration.

[illegible]romazine hydrochloride
[illegible]romanyl-20†;
[illegible]romanyl-40†, Largactil††‡,
Chlorpromazine†,
[illegible]me

[illegible]ancy risk category C

[illegible]ABLE FORMS

[illegible]les (extended-release): 30 mg, [illegible], 150 mg
[illegible]ion: 25 mg/ml
[illegible]concentrate: 30 mg/ml, 100 mg/ml
[illegible]positories: 25 mg, 100 mg
[illegible]: 10 mg/5 ml
[illegible]ets: 10 mg, 25 mg, 50 mg, 100 mg, [illegible]mg

[illegible]ICATIONS & DOSAGES

[illegible]Psychosis, mania—
[illegible]lts: For hospitalized patients with acute disease, 25 mg I.M.; may give an additional 25 to 50 mg I.M. in 1 hour if needed. Increase over several days to [illegible]00 mg q 4 to 6 hours. Switch to oral therapy as soon as possible. Or, 25 mg P.O. t.i.d. initially; then gradually increase to [illegible]00 mg daily in divided doses. For outpatients, 30 to 75 mg daily in two to four divided doses. Increase dosage by 20 to [illegible]0 mg twice weekly until symptoms are controlled.
Children age 6 months and older: 0.55 mg/kg P.O. q 4 to 6 hours or I.M. q 6 to 8 hours. Or, 1.1 mg/kg P.R. q 6 to 8 hours. Maximum I.M. dose in children younger than age 5 or weighing less than 22.7 kg (50 lb) is 40 mg. Maximum I.M. dose in children ages 5 to 12 or weighing 22.7 to 45.4 kg (50 to 100 lb) is 75 mg.
➤ Nausea and vomiting—
Adults: 10 to 25 mg P.O. q 4 to 6 hours, p.r.n. Or, 50 to 100 mg P.R. q 6 to 8 hours, p.r.n. Or, 25 mg I.M. initially. If no hypotension occurs, 25 to 50 mg I.M. q 3 to 4 hours may be given, p.r.n., until vomiting stops.
Children age 6 months and older: 0.55 mg/kg P.O. q 4 to 6 hours or I.M. q 6 to 8 hours. Or, 1.1 mg/kg P.R. q 6 to 8 hours. Maximum I.M. dose in children younger than age 5 or weighing less than 22.7 kg (50 lb) is 40 mg. Maximum I.M. dose in children ages 5 to 12 or weighing 22.7 to 45.4 kg (50 to 100 lb) is 75 mg.
➤ Acute intermittent porphyria, intractable hiccups—
Adults: 25 to 50 mg P.O. t.i.d. or q.i.d. If symptoms persist for 2 to 3 days, 25 to 50 mg I.M. For hiccups, if symptoms still persist, 25 to 50 mg diluted in 500 to 1,000 ml of normal saline solution and infused slowly with patient in supine position.
➤ Tetanus—
Adults: 25 to 50 mg I.V. or I.M. t.i.d. or q.i.d.
Children age 6 months and older: 0.55 mg/kg I.M. or I.V. q 6 to 8 hours. Maximum parenteral dosage in children weighing less than 22.7 kg (50 lb) is 40 mg daily; for children weighing 22.7 to 45.4 kg (50 to 100 lb), 75 mg, except in severe cases.
➤ Surgery—
Adults: Preoperatively, 25 to 50 mg P.O. 2 to 3 hours before surgery or 12.5 to 25 mg I.M. 1 to 2 hours before surgery; during surgery, 12.5 mg I.M., repeated in 30 minutes, if needed, or fractional 2-mg doses I.V. at 2-minute intervals to maximum dose of 25 mg; postoperatively, 10 to 25 mg P.O. q 4 to 6 hours or 12.5 to 25 mg I.M., repeated in 1 hour, if needed.
Children age 6 months and older: Preoperatively, 0.55 mg/kg P.O. 2 to 3 hours before surgery or I.M. 1 to 2 hours before surgery. During surgery, 0.275 mg/kg I.M., repeated in 30 minutes if needed, or fractional 1-mg doses I.V. at 2-minute intervals to maximum of 0.275 mg/kg. May repeat fractional I.V. regimen in 30 minutes if needed. Postoperatively, 0.55 mg/kg P.O. or I.M. q 4 to 6 hours (oral dose) or 1 hour (I.M. dose), if needed and if hypotension doesn't occur.
Elderly patients: Lower dosages are sufficient; dosage increments should be more gradual than in adults.

I.V. ADMINISTRATION

- Chlorpromazine is compatible with most common I.V. solutions, including D_5W, Ringer's injection, lactated Ringer's injection, and normal saline solution for injection.

- For direct injection, drug may be diluted with normal saline solution for injection and given into a large vein or through the tubing of a free-flowing I.V. solution. Don't exceed 1 mg/minute for adults or 0.5 mg/minute for children.
- For intermittent I.V. infusion, dilute with 50 or 100 ml of a compatible solution and infuse over 30 minutes.

ACTION

Unknown. A piperidine phenothiazine that probably blocks postsynaptic dopamine receptors in the brain.

Route	Onset	Peak	Duration
P.O.	30-60 min	Unknown	4-6 hr
P.O. (extended)	30-60 min	Unknown	10-12 hr
I.V., I.M.	Unknown	Unknown	Unknown
P.R.	> 1 hr	Unknown	3-4 hr

ADVERSE REACTIONS

CNS: *extrapyramidal reactions,* drowsiness, *sedation, seizures, tardive dyskinesia, pseudoparkinsonism,* dizziness, ***neuroleptic malignant syndrome.***
CV: *orthostatic hypotension,* tachycardia, quinidine-like ECG effects.
EENT: ocular changes, blurred vision, nasal congestion.
GI: *dry mouth, constipation,* nausea.
GU: *urine retention,* menstrual irregularities, inhibited ejaculation, priapism.
Hematologic: ***leukopenia, agranulocytosis,*** eosinophilia, hemolytic anemia, ***aplastic anemia, thrombocytopenia.***
Hepatic: jaundice.
Skin: *mild photosensitivity reactions,* allergic reactions, *pain at I.M. injection site,* sterile abscess, skin pigmentation changes.
Other: gynecomastia, lactation, galactorrhea.

INTERACTIONS

Drug-drug. *Antacids:* Inhibits absorption of oral phenothiazines. Separate antacid and phenothiazine doses by at least 2 hours.
Anticholinergics such as antidepressants, antiparkinsonians: Increases anticholinergic activity, aggravated parkinsonian symptoms. Use together cautiously.
Anticonvulsants: May lower seizure threshold. Monitor patient closely.
Barbiturates, lithium: May decrease phenothiazine effect. Monitor patient.
Centrally acting antihypertensives: Decreases antihypertensive effect. Monitor blood pressure.
CNS depressants: Increases CNS depression. Use together cautiously.
Electroconvulsive therapy, insulin: May precipitate severe reactions. Monitor patient closely.
Lithium: May increase neurologic effects. Monitor patient closely.
Propranolol: Increases levels of both propranolol and chlorpromazine. Monitor patient closely.
Warfarin: Decreases effect of oral anticoagulants. Monitor PT and INR.
Drug-herb. *Kava:* May cause dystonic reactions. Discourage use together.
St. John's wort: May cause photosensitivity reactions. Advise patient to avoid excessive sunlight exposure.
Yohimbe: May cause yohimbe toxicity. Discourage use together.
Drug-lifestyle. *Alcohol use:* Increases CNS depression. Discourage use together.
Sun exposure: Increases risk of photosensitivity reactions. Advise patient to avoid excessive sunlight exposure.

EFFECTS ON LAB TEST RESULTS

- May increase liver function test values and eosinophil count. May decrease hemoglobin, hematocrit, and WBC, granulocyte, and platelet counts.
- May cause false-positive test results for urinary porphyrins, urobilinogen, amylase, and 5-hydroxyindoleacetic acid because of darkening of urine by metabolites and false-positive results for urine pregnancy tests that use human chorionic gonadotropin.

CONTRAINDICATIONS

Contraindicated in patients hypersensitive to drug; in those with CNS depression, bone marrow suppression, or subcortical damage; and in those in coma.

NURSING CONSIDERATIONS

- Use cautiously in elderly or debilitated patients and in patients with hepatic or re-

Reactions may be *common,* uncommon, ***life-threatening,*** or COMMON AND LIFE-THREATENING.

...se, severe CV disease (may sud...decrease blood pressure), respira...disorders, hypocalcemia, glaucoma, ...prostatic hyperplasia. Also use cau...ly in those exposed to extreme heat ...old (including antipyretic therapy) or ...nophosphate insecticides.
...se cautiously in acutely ill or dehydrat...children.
...tain baseline blood pressure measure...ts before starting therapy, and monitor ...n regularly. Watch for orthostatic hy...nsion, especially with parenteral ad...istration. Monitor blood pressure be...re and after I.M. administration; keep ...ient supine for 1 hour afterward and ...w him get up slowly.
...ear gloves when preparing solutions ...d avoid contact with skin and clothing. ...d liquid and parenteral forms can cause ...ntact dermatitis.
...Slight yellowing of injection or con...ntrate is common and doesn't affect po...cy. Discard markedly discolored solu...ns.
...Protect liquid concentrate from light. Di...te with fruit juice, milk, or semisolid ...d just before administration.
...Give deep I.M. only in upper outer quad...nt of buttocks. Consider giving injection ...y Z-track method. Massage slowly after...rd to prevent sterile abscess. Injection ...ings. Rotate injection sites.
- Monitor patient for tardive dyskinesia, which may occur after prolonged use. It may not appear until months or years later and may disappear spontaneously or persist for life, despite stopping drug.
- After abrupt withdrawal of long-term therapy, gastritis, nausea, vomiting, dizziness, or tremor may occur.
- ***Alert:*** Watch for evidence of neuroleptic malignant syndrome (extrapyramidal effects, hyperthermia, autonomic disturbance), which is rare but usually fatal. It may not be related to length of drug use or type of neuroleptic; more than 60% of affected patients are men.
- Monitor therapy with periodic bilirubin tests during first month, periodic blood tests (CBCs and liver function tests), and ophthalmic tests (long-term use).
- Withhold dose and notify prescriber if jaundice, symptoms of blood dyscrasia (fever, sore throat, infection, cellulitis, weakness), or persistent extrapyramidal reactions (longer than a few hours) develop, or if such reactions occur in children or pregnant women.
- Don't withdraw drug abruptly unless necessitated by severe adverse reactions.
- ***Alert:*** Don't confuse chlorpromazine with chlorpropamide, a hypoglycemic. Make sure that any drug given is appropriate for patient's treatment.
- ***Alert:*** Don't confuse chlorpromazine with clomipramine.

PATIENT TEACHING

- Warn patient to avoid activities that require alertness or good coordination until effects of drug are known. Drowsiness and dizziness usually subside after first few weeks.
- ***Alert:*** Advise patient not to crush, chew or break extended release capsule form before swallowing.
- Tell patient to avoid alcohol while taking drug.
- Have patient report signs of urine retention or constipation.
- Tell patient to use sunblock and to wear protective clothing to avoid oversensitivity to the sun. Chlorpromazine is more likely to cause sun sensitivity than any other drug in its class.
- Tell patient to relieve dry mouth with sugarless gum or hard candy.
- Advise patient receiving drug by any method other than by mouth to remain lying down for 1 hour afterward and to rise slowly.

clozapine

Clozaril

Pregnancy risk category B

AVAILABLE FORMS

Tablets: 25 mg, 100 mg

INDICATIONS & DOSAGES

➤ **Schizophrenia in severely ill patients unresponsive to other therapies—**
Adults: Initially, 12.5 mg P.O. once daily or b.i.d., adjusted upward by 25 to 50 mg daily (if tolerated) to 300 to 450 mg daily

*Liquid contains alcohol. †Canada ‡Australia §U.K. ◇OTC ◆Off-label use

phentermine hydrochloride

Adipex-P, Duromine‡, Ionamin, Pro-Fast HS, Pro-Fast SA, Pro-Fast SR

Pregnancy risk category NR
Controlled substance schedule IV

AVAILABLE FORMS

Capsules: 18.75 mg, 30 mg, 37.5 mg
Capsules (resin complex, sustained-release): 15 mg, 30 mg
Tablets: 8 mg, 37.5 mg

INDICATIONS & DOSAGES

➤ **Short-term adjunct in exogenous obesity—**
Adults: 8 mg P.O. t.i.d. 30 minutes before meals. Or, 15 to 37.5 mg or 15 to 30 mg (as resin complex) P.O. daily as a single dose in the morning. Take Pro-Fast HS and Pro-Fast SR 2 hours after breakfast. Take Adipex-P before breakfast or 1 to 2 hours after breakfast.

ACTION

Unknown. Drug probably promotes nerve impulse transmission by releasing stored norepinephrine from nerve terminals in the brain. Main sites of activity appear to be the cerebral cortex and the reticular activating system.

Route	Onset	Peak	Duration
P.O.	Unknown	Unknown	12-14 hr

ADVERSE REACTIONS

CNS: overstimulation, headache, euphoria, dysphoria, dizziness, *insomnia.*
CV: *palpitations, tachycardia,* increased blood pressure.
GI: dry mouth, dysgeusia, constipation, diarrhea, unpleasant taste, other GI disturbances.
GU: impotence.
Skin: urticaria.
Other: altered libido.

INTERACTIONS

Drug-drug. *Acetazolamide, antacids, sodium bicarbonate:* Increases renal reabsorption. Monitor patient for enhanced effects.
Ammonium chloride, ascorbic acid: Decreases levels and increases renal excretion of phentermine. Monitor patient for decreased phentermine effects.
Insulin, oral antidiabetics: May alter antidiabetic requirements. Monitor glucose levels.
MAO inhibitors: May cause severe hypertension, possibly hypertensive crisis. Don't use together or within 14 days of MAO inhibitor therapy.
Drug-food. *Caffeine:* May increase CNS stimulation. Discourage use together.

EFFECTS ON LAB TEST RESULTS

None reported.

CONTRAINDICATIONS

Contraindicated in patients hypersensitive to sympathomimetic amines, in those with idiosyncratic reactions to them, in agitated patients, and in those with hyperthyroidism, moderate-to-severe hypertension, advanced arteriosclerosis, symptomatic CV disease, or glaucoma. Also contraindicated within 14 days of MAO inhibitor therapy.

NURSING CONSIDERATIONS

- Use cautiously in patients with mild hypertension.
- Use drug with a weight-reduction program.
- Monitor patient for tolerance or dependence.
- ***Alert:*** Don't confuse phentermine with phentolamine.

PATIENT TEACHING

- Tell patient to take drug at least 10 hours before bedtime to avoid sleep interference.
- Advise patient to avoid caffeine-containing products. Tell him to report evidence of excessive stimulation.
- Warn patient that fatigue may result as drug effects wear off and that he'll need more rest.
- Warn patient that drug may lose its effectiveness over time.

33

Antiparkinsonians

amantadine hydrochloride
(See Chapter 15, ANTIVIRALS.)
benztropine mesylate
bromocriptine mesylate
entacapone
levodopa
levodopa-carbidopa
pergolide mesylate
pramipexole dihydrochloride
ropinirole hydrochloride
selegiline hydrochloride
tolcapone
trihexyphenidyl hydrochloride

COMBINATION PRODUCTS

MADOPAR‡: levodopa 200 mg and benserazide 50 mg.
MADOPAR HBS‡: levodopa 100 mg and benserazide 25 mg.
MADOPAR Q‡: levodopa 50 mg and benserazide 12.5 mg.
SINEMET 10-100: carbidopa 10 mg and levodopa 100 mg.
SINEMET 25-100: carbidopa 25 mg and levodopa 100 mg.
SINEMET 25-250: carbidopa 25 mg and levodopa 250 mg.
SINEMET CR: carbidopa 50 mg and levodopa 200 mg, in extended-release tablets; carbidopa 25 mg and levodopa 100 mg in extended-release tablets.

benztropine mesylate

Apo-Benztropine†, Cogentin, PMS Benztropine†

Pregnancy risk category NR

AVAILABLE FORMS

Injection: 1 mg/ml in 2-ml ampules
Tablets: 0.5 mg, 1 mg, 2 mg

INDICATIONS & DOSAGES

➤ **Drug-induced extrapyramidal disorders (except tardive dyskinesia)—**
Adults: 1 to 4 mg P.O. or I.M. once or twice daily.
➤ **Acute dystonic reaction—**
Adults: 1 to 2 mg I.V. or I.M.; then 1 to 2 mg P.O. b.i.d. to prevent recurrence.
➤ **Parkinsonism—**
Adults: 0.5 to 6 mg P.O. or I.M. daily. Initial dosage is 0.5 mg to 1 mg, increased by 0.5 mg q 5 to 6 days. Adjust dosage to meet individual requirements. Maximum, 6 mg daily.

I.V. ADMINISTRATION

- The I.V. route is seldom used because no clinically significant difference exists between it and the I.M. route.

ACTION

Unknown. May block central cholinergic receptors, helping to balance cholinergic activity in the basal ganglia.

Route	Onset	Peak	Duration
P.O.	1-2 hr	Unknown	24 hr
I.M., I.V.	15 min	Unknown	24 hr

ADVERSE REACTIONS

CNS: confusion, memory impairment, nervousness, depression, disorientation, hallucinations, toxic psychosis.
CV: tachycardia.
EENT: dilated pupils, blurred vision.
GI: *dry mouth, constipation,* nausea, vomiting, paralytic ileus.
GU: urine retention, dysuria.
Skin: decreased sweating.

INTERACTIONS

Drug-drug. *Phenothiazines, TCAs:* Causes additive anticholinergic adverse reactions, such as confusion and hallucinations. Reduce dosage before giving.

EFFECTS ON LAB TEST RESULTS

None reported.

CONTRAINDICATIONS

Contraindicated in patients hypersensitive to drug or its components, in those with angle-closure glaucoma, and in children younger than age 3.

NURSING CONSIDERATIONS

- Use cautiously in hot weather, in patients with mental disorders, and in children age 3 and older. Also, use cautiously in patients with prostatic hyperplasia, arrhythmias, and seizure disorders.
- Monitor vital signs carefully. Watch closely for adverse reactions, especially in elderly or debilitated patients. Call prescriber promptly if adverse reactions occur.
- Some adverse reactions are dose related and may be caused by atropine-like toxicity.
- Drug produces atropine-like adverse reactions and may aggravate tardive dyskinesia.
- Watch for intermittent constipation and abdominal distention and pain, which may indicate onset of paralytic ileus.
- ***Alert:*** Never stop drug abruptly. Reduce dosage gradually.
- ***Alert:*** Don't confuse benztropine with bromocriptine.

PATIENT TEACHING

- Warn patient to avoid activities that require alertness until CNS effects of drug are known.
- If patient takes a single daily dose, tell him to do so at bedtime.
- Advise patient to report signs and symptoms of urinary hesitancy or urine retention.
- Tell patient to relieve dry mouth with cool drinks, ice chips, sugarless gum, or hard candy.
- Advise patient to limit hot weather activities because drug-induced lack of sweating may cause overheating.

bromocriptine mesylate
Parlodel

Pregnancy risk category B

AVAILABLE FORMS

Capsules: 5 mg
Tablets: 2.5 mg

INDICATIONS & DOSAGES

➤ **Parkinson's disease—**
Adults: 1.25 mg P.O. b.i.d. with meals. Increase dosage by 2.5 mg/day q 14 to 28 days, up to 100 mg daily.

➤ **Amenorrhea and galactorrhea; hyperprolactinemia; female infer… macroprolactinoma—**
Adults: 1.25 to 2.5 mg P.O. daily, increased by 2.5 mg daily at 3- to 7-day intervals until desired effect occurs. Therapeutic daily dosage is 2.5 to 15 mg. Safety and efficacy of dosages exceeding 1… daily haven't been established.

➤ **Acromegaly—**
Adults: 1.25 to 2.5 mg P.O. with h… for 3 days. Another 1.25 to 2.5 mg m… added q 3 to 7 days until patient exp… ences therapeutic benefit. Maximum… 100 mg daily.

ACTION

Inhibits secretion of prolactin and acts … dopamine-receptor agonist by activating … postsynaptic dopamine receptors.

P.O.	2 hr	8 hr	24 hr

ADVERSE REACTIONS

CNS: ***CVA, dizziness, headache, fatigue,*** … mania, light-headedness, drowsiness, … delusions, nervousness, insomnia, depres… sion, ***seizures.***
CV: *hypotension, acute MI.*
EENT: nasal congestion, blurred vision.
GI: *nausea,* vomiting, *abdominal cramps, constipation,* diarrhea, anorexia.
GU: urine retention, urinary frequency.
Skin: coolness and pallor of fingers and toes.

INTERACTIONS

Drug-drug. *Amitriptyline, haloperidol, imipramine, loxapine, MAO inhibitors, methyldopa, metoclopramide, phenothiazines, reserpine:* Interferes with bromocriptine's effects. Bromocriptine dosage may need to be increased.
Antihypertensives: Increases hypotensive effects. Adjust dosage of antihypertensive.
Erythromycin: Increases bromocriptine levels and risk of adverse reactions. Use together cautiously.
Estrogens, hormonal contraceptives, progestins: Interferes with effects of bromocriptine. Avoid using together.
Levodopa: May have additive effects. Adjust dosage of levodopa, if needed.

Reactions may be *common*, uncommon, ***life-threatening***, or COMMON AND LIFE-THREATENING.

…style. *Alcohol use:* Causes … like reaction. Discourage use …

…TS ON LAB TEST RESULTS

…crease BUN, alkaline phospha… acid, AST, ALT, and CK levels.

…RAINDICATIONS

…dicated in patients hypersensitive … derivatives and in those with un… lled hypertension, toxemia of preg… severe ischemic heart disease, or … eral vascular disease.

…SING CONSIDERATIONS

…cautiously in patients with impaired … or hepatic function and in those with … ory of MI with residual arrhythmias. … Parkinson's disease, bromocriptine … ly is given with either levodopa or … dopa-carbidopa. The levodopa-… dopa dose may need to be reduced. … verse reactions may be minimized if … g is given in the evening with food. …ert: Monitor patient for adverse reac… which occur in 68% of patients, par…larly at start of therapy. Most reactions … mild to moderate; nausea is most com…on. Minimize adverse reactions by grad…ly adjusting dosages to effective levels. …verse reactions are more common … drug is used for Parkinson's disease. …Baseline and periodic evaluations of car…iac, hepatic, renal, and hematopoietic …nction are recommended during pro…nged therapy.
…Drug may lead to early postpartum con…ception. After menses resumes, test for pregnancy every 4 weeks or as soon as a period is missed.
- ***Alert:*** Don't confuse bromocriptine with benztropine or brimonidine, or Parlodel with pindolol.

PATIENT TEACHING

- Instruct patient to take drug with meals.
- Advise patient to use contraceptive methods during treatment other than oral contraceptives or subdermal implants.
- Instruct patient to avoid dizziness and fainting by rising slowly to an upright position and avoiding sudden position changes.
- Inform patient that it may take 8 weeks or longer for menses to resume and excess production of milk to slow down.
- Advise patient to avoid alcohol while taking drug.

entacapone
Comtan

Pregnancy risk category C

AVAILABLE FORMS

Tablets: 200 mg

INDICATIONS & DOSAGES

➤ **Adjunct to levodopa-carbidopa for treatment of idiopathic Parkinson's disease in patients with signs and symptoms of end-of-dose wearing-off—**
Adults: 200 mg P.O. with each dose of levodopa-carbidopa to maximum of eight times daily. Maximum, 1,600 mg daily. May need to reduce daily levodopa dose or extend the interval between doses to optimize patient's response.

ACTION

A reversible catechol-*O*-methyltransferase (COMT) inhibitor that is given with levodopa-carbidopa. Giving together is believed to cause higher levels of levodopa and optimal control of parkinsonian symptoms.

P.O.	1 hr	1 hr	6 hr

ADVERSE REACTIONS

CNS: *dyskinesia, hyperkinesia,* hypokinesia, dizziness, anxiety, somnolence, agitation, fatigue, asthenia, hallucinations.
GI: *nausea, diarrhea,* abdominal pain, constipation, vomiting, dry mouth, dyspepsia, flatulence, gastritis, taste perversion.
GU: *urine discoloration.*
Hematologic: purpura.
Musculoskeletal: back pain.
Respiratory: dyspnea.
Skin: sweating.
Other: bacterial infection.

*Liquid contains alcohol. †Canada ‡Australia §U.K. ◇OTC ◆Off-label use

- The optimal duration of treatment with adefovir hasn't been established.
- Patients receiving adefovir should be offered HIV antibody testing. Adefovir may promote resistance to antiretroviral agents in patients with unrecognized or untreated HIV infection.
- Pregnant women exposed to drug may call the Antiretroviral Pregnancy Registry at 1-800-258-4263 to monitor fetal outcome.
- Safety and efficacy in children haven't been established.

PATIENT TEACHING
- Inform the patient that adefovir may be taken without regard to meals.
- Tell patient to immediately report weakness, muscle pain, trouble breathing, stomach pain with nausea and vomiting, dizziness, light-headedness, fast or irregular heartbeat, and feeling cold, especially in arms and legs.
- Warn patient not to stop taking this drug unless directed because it could cause hepatitis to become worse.
- Instruct women to tell their prescriber if they become pregnant or are breast-feeding. Breast-feeding women should stop either breast-feeding or taking the drug because it's unknown if the drug appears in breast milk.

amantadine hydrochloride
Symmetrel

Pregnancy risk category C

AVAILABLE FORMS
Capsules: 100 mg
Syrup: 50 mg/5 ml

INDICATIONS & DOSAGES
➤ **Prophylaxis or symptomatic treatment of influenza type A virus, respiratory tract illnesses—**
Adults up to age 65 with normal renal function: 200 mg P.O. daily in a single dose or 100 mg P.O. b.i.d.
Children ages 9 to 12: 100 mg P.O. b.i.d.
Children ages 1 to 9 or weighing less than 45 kg (99 lb): 4.4 to 8.8 mg/kg P.O. as a total daily dose given once daily or divided equally b.i.d. Maximum daily dose is 150 mg.
Elderly patients: 100 mg P.O. once daily in patients older than age 65 with normal renal function.

Begin treatment within 24 to 48 hours after symptoms appear and continue for 24 to 48 hours after symptoms disappear (usually 2 to 7 days). Start prophylaxis as soon as possible after exposure and continue for at least 10 days after exposure. May continue prophylactic treatment up to 90 days for repeated or suspected exposures if influenza vaccine is unavailable. If used with influenza vaccine, continue dose for 2 to 3 weeks until antibody response to vaccine has developed.
Adjust-a-dose: For patients with renal failure, if creatinine clearance is 30 to 50 ml/minute, give 200 mg the first day and 100 mg thereafter; if clearance is 15 to 29 ml/minute, give 200 mg the first day, then 100 mg on alternate days; if clearance is below 15 ml/minute or if patient is on hemodialysis, give 200 mg q 7 days.

ACTION
Unknown. Possibly inhibits the uncoating of the influenza A virus, preventing release of infection's viral nucleic acid into the host cell.

Route	Onset	Peak	Duration
P.O.	Unknown	1-4 hr	Unknown

ADVERSE REACTIONS
CNS: depression, fatigue, confusion, *dizziness,* hallucinations, anxiety, *irritability,* ataxia, *insomnia,* headache, *light-headedness.*
CV: peripheral edema, orthostatic hypotension, ***heart failure.***
EENT: blurred vision.
GI: anorexia, *nausea,* constipation, vomiting, dry mouth.
Skin: livedo reticularis.

INTERACTIONS
Drug-drug. *Anticholinergics:* Increases anticholinergic effects. Use together cautiously; reduce dosage of anticholinergic before starting amantadine.
CNS stimulants: Increases CNS stimulation. Use together cautiously.

Drug-herb. *Jimsonweed:* May adversely affect CV function. Discourage use together.
Drug-lifestyle. *Alcohol use:* Increases CNS effects. Discourage use together.

EFFECTS ON LAB TEST RESULTS
None reported.

CONTRAINDICATIONS
Contraindicated in patients hypersensitive to drug.

NURSING CONSIDERATIONS
- Use cautiously in elderly patients and in patients with seizure disorders, heart failure, peripheral edema, hepatic disease, renal illness, eczematoid rash, renal impairment, orthostatic hypotension, and CV disease. Monitor renal and liver function tests.
- Begin treatment within 24 to 48 hours after symptoms appear and continue for 24 to 48 hours after symptoms disappear (usually 2 to 7 days of therapy).
- Start prophylaxis as soon as possible after initial exposure and continue for at least 10 days after exposure. For repeated or suspected exposures, if influenza vaccine is unavailable, may continue prophylaxis for up to 90 days. If used with influenza vaccine, continue dose for 2 to 3 weeks until antibody response to vaccine has developed.
- ***Alert:*** Elderly patients are more susceptible to adverse neurologic effects. Monitor patient for mental status changes.
- Suicidal ideation and attempts have been reported in patients both with and without prior psychiatric problems.
- Drug can exacerbate mental problems in patients with a history of psychiatric disorders or substance abuse.
- ***Alert:*** Don't confuse amantadine with rimantadine.

PATIENT TEACHING
- Tell patient to take drug exactly as prescribed. Taking more than prescribed can result in serious adverse reactions or death.
- If insomnia occurs, tell patient to take drug several hours before bedtime.
- If dizziness upon standing up occurs, instruct patient not to stand or change positions too quickly.
- Instruct patient to notify prescriber of adverse reactions, especially dizziness, depression, anxiety, nausea, and urine retention.
- Caution patient to avoid activities that require mental alertness until effects of drug are known.
- Advise patient to avoid alcohol while taking drug.

amprenavir
Agenerase

Pregnancy risk category C

AVAILABLE FORMS
Capsules: 50 mg, 150 mg
Oral solution: 15 mg/ml

INDICATIONS & DOSAGES
➤ **HIV-1 infection (with other antiretrovirals)—**
Adults and children ages 13 to 16, weighing 50 kg (110 lb) or more: 1,200 mg (eight 150-mg capsules) P.O. b.i.d. with other antiretrovirals.
Children ages 4 to 12, or ages 13 to 16 and weighing less than 50 kg (110 lb): For capsules, give 20 mg/kg P.O. b.i.d. or 15 mg/kg P.O. t.i.d., to maximum daily dose of 2,400 mg with other antiretrovirals.

For oral solution, give 22.5 mg/kg (1.5 ml/kg) P.O. b.i.d. or 17 mg/kg (1.1 ml/kg) P.O. t.i.d., to maximum daily dose of 2,800 mg with other antiretrovirals.
Adjust-a-dose: For patients with hepatic impairment and a Child-Pugh score from 5 to 8, reduce dose for capsules to 450 mg P.O. b.i.d. For patients with a Child-Pugh score from 9 to 12, reduce dose for capsules to 300 mg P.O. b.i.d.

ACTION
Inhibits HIV-1 protease by binding to the active site of HIV-1 protease, which causes immature noninfectious viral particles to form.

Route	Onset	Peak	Duration
P.O.	Unknown	1-2 hr	Unknown

ADVERSE REACTIONS
CNS: *oral and perioral paresthesia,* depression or mood disorders.

Administrative Incident Review

Incident Report Number: I-07458-07-04

Texas Department of Criminal Justice
DARRINGTON UNIT

July 27, 2004

TO: Emergency Action Center

THRU: Margo Green
Region III Director

SUBJECT: Offender Death

PERSON(S) INVOLVED: ⌘ **ROBERTSON, Ricky L. – TDCJ# 01172218**
A thirty-seven year old White male (MH custody) offender serving a 3-year sentence out of Harris County for Deadly Conduct. Received by the Texas Department of Criminal Justice--Correctional Institutions Division on June 25, 2003. Received by the Darrington Unit on July 15, 2004 as a TRNS Enroute offender. Record indicates no prior TDCJ-CID incarcerations.

SUMMARY:

On July 15, 2004 at approximately 9:35 p.m., supervisors were summoned to H-line by officer E. Mbonu (CO2) who was assigned to that line, due to an unresponsive offender. Sergeant Michael Stephens, Sergeant C. King, and Lieutenant H. Haley responded. Officer M. Knight (CO4) and Officer F. Gallegos (CO5) also responded. Health Services was also notified and LVN Barnes also responded with a gurney. Offender ROBERTSON was observed in H-line, 2-row, 3-cell lying on his bunk with his feet on the floor. He was breathing irregularly and was unresponsive. Sergeant Stephens gently shook the offender to try to get a response with negative results. LVN Barnes used an ammonia capsule, also with negative result. Sergeant Stephens, Officer Knight, Officer Gallegos, and officer Mbonu carried the offender from the cell and placed him on a backboard. The backboard was carried to 1-row and then placed onto the gurney. Offender ROBERTSON was taken to the infirmary by Officer Knight, Sergeant Stephens, and LVN Barnes. Lieutenant Haley and Sergeant King accompanied the escort.

Offender ROBERTSON was taken to the Emergency Room and placed on the gurney at that location. LVN Barnes and LVN Prater started an initial assessment of the offender. Vital signs were taken and showed the offender had low blood pressure. Blood sugar levels were also checked. It was believed the offender had suffered from a seizure based on his symptoms. The offender's medical chart was reviewed and noted the offender had no history of seizures and was not a diabetic. LVN Prater used ammonia capsules on the offender to gain responsiveness with negative results. LVN Prater also used a needle to check for pain stimuli with negative results. The offender felt warm to the touch, so the offender's maxillary temperature was taken and yielded a temperature of 108°. Ice bags were brought and placed on the offender in an attempt to lower the temperature.

The on-call physician (Abraham) was notified of the facts. Doctor Abraham issued an order for the offender to be life-flighted to a hospital. At this point, Assistant Warden Herman Weston (Duty Warden) who was also the Acting Senior Warden was notified.

SUMMARY: (Continued)

While waiting for Life-Flight to arrive, offender ROBERTSON did stop breathing but was assisted by medical staff. When Life-Flight arrived, Warden Weston was again notified and the offender was escorted to the helicopter and transported to UTMB Hospital in Galveston at approximately 11:45 p.m. It should be noted that offender ROBERTSON had arrived on the Darrington Unit at approximately 6:15 a.m. that same day. He had come from Jester IV Unit and was currently on mental health medication. It was noted that the offender had gone to the pill line at approximately 4:30 p.m. that day and received his medication.

The Emergency Action Center was notified at approximately 12:20 a.m. (July 16, 2004) with an initial diagnosis of heat stroke; based on the medical transfer order telex. Investigator C. Sanchez of the Office of the Inspector General was also notified. Per his instruction, H-2-03 was photographed, searched for possible contraband, and then sealed as a possible crime scene. The cell had been secured and treated as a possible crime scene earlier, but not sealed. The cell was sealed using red medical tape to tape the door shut. The officer working the line was advised to not open the cell for any reason. Unit Count Room was also notified that the cell was sealed and to not house any incoming offenders in that cell. The offender had no property.

At approximately 5:00 a.m. on July 16, 2004, an update from UTMB noted that at 4:20 a.m., Doctor Movva placed the offender in the Intensive Care Unit in critical condition with a preliminary diagnosis of overdose.

Mr. Dattalo, Unit Risk Manager, was notified and called to the unit to take temperature readings of all three rows on H-line. Readings were taken from the front, middle, and back of each row. H-line, 2-row, 3-cell was also noted. All readings at 2:00 a.m. were normal (see attachment).

On July 16, 2004 at 4:58 p.m., Chaplain Javier Gomez notified the Darrington Unit via e-mail that offender ROBERTSON was pronounced deceased by Doctor Perry at 3:10 p.m. The cause of death was listed as Neuroleptic Malignant Syndrome. Investigator C. Sanchez of the Office of the Inspector General was notified of the offender's death by Hospital Galveston staff at 3:58 p.m. that same date. At 4:00 p.m., a message was left with the daughter of the next of kin (Roy Robertson, Brother) with the decision regarding claiming the body pending until the decedent's brother could be contacted.

The Shift Lieutenant's Report Offender Death Notification indicates that the Hospital Galveston Duty Warden (Negbenebor) was notified of the offender's death by e-mail. Teresa Alford of the Emergency Action Center was notified at 3:45 p.m. and the Huntsville Funeral Home was contacted at 3:48 p.m.

On July 17, 2004 at approximately 3:00 p.m., Lieutenant Stacy Mickens, Carole Young Medical Facility/Hospital Galveston, contacted the next of kin (Roy Robertson, Brother, 211 N. Lincoln Avenue, Niles, MI 49120, 269-683-2393) notifying him of his brother's death; disposition of the body still pending.

The Chaplaincy Offender Death Notification Worksheet indicates that the brother of the decedent contacted Hospital Galveston at approximately

SUMMARY: (Continued)

3:00 p.m. on July 19, 2004 stating that the family will not be claiming the body. The Death Notification E-Mail notes that the family did agree to an autopsy and requested the offender to be buried in the Huntsville cemetery.

EMPLOYEE ACTION/ INACTION: Employee action/inaction was not determined to be a factor in this incident.

ATTACHMENTS:

E-Mail Message #093051 Dated 07/16/2004 to EAC Reporting Incident
E-Mail Message #099751 Dated 07/16/2004 from Hospital Galveston (update)
E-Mail Message #102421 Dated 07/16/2004 to EAC Reporting Offender Death
Copy of Statement (IOC) from Lieutenant H. Haley
Copy of Statement (E-Mail) from Sergeant M. Stephens
Copy of Statement (E-Mail) from Sergeant C. King
Copy of Statement (IOC) from Sergeant T. Moffett
Copy of Statement (IOC) from CO2 E. Mbonu
Copy of Statement (IOC) from CO4 M. Knight
Copy of Statement (IOC) from CO5 F. Gallegos
(10) Polaroid Photographs of H-line, 2-row, 3-cell
Copy of Temperature & Humidity Readings for H-line
TDCJ-CID Pharmaceutical System Compliance Printout /ROBERTSON, Ricky L.–#01172218
TDCJ-CID Medication Pass Printout /ROBERTSON, Ricky L.–#01172218
E-Mail Message #0929907 Dated 07/15/2004 (medical transfer order)
Copy of Serious/Critical Notification Report from Hospital Galveston
Copy of E-Mail Message #101887 Dated 07/16/2004 from Hospital Galveston
Copy of E-Mail Message #103557 Dated 07/17/2004 from Hospital Galveston
Copy of Hospital Galveston Unit Shift Lieutenant's Report Offender Death Notification
Copy of TDCJ Chaplaincy Offender Death Notification Worksheet from Hospital Galveston
Copy of E-Mail Message #112986 Dated 07/19/2004 from Hospital Galveston
Copy of Death Notification E-Form from Hospital Galveston
Copy of Cause of Death Worksheet from Hospital Galveston
Copy of Galveston County Medical Examiners Report of Death Investigation Report from HG
Copy of TDCJ Autopsy Order from Hospital Galveston
Copy of Galveston County Medical Examiner Autopsy Authorization from Hospital Galveston
Copy of Next-of-Kin Notification Letter from Chaplain J. Gomez from Hospital Galveston
Copy of Travel Card /ROBERTSON, Ricky L.–#01172218

ADMINISTRATIVE REVIEW:

I. ***Warden's Comments:***

Offender ROBERTSON was received by the Darrington Unit on July 15, 2004 as a transient enroute offender. Upon being found in his cell unresponsive, staff immediately called for assistance, notified Health Services and ensured offender ROBERTSON was taken to the unit infirmary. The determination was made to transport the offender via Life-Flight to UTMB Hospital Galveston where he was pronounced deceased several hours later. The manner of death was listed as natural causes with the immediate cause as Neuroleptic Malignant Syndrome.

Staff acted appropriately and according to policy and procedure.

Arthur H. Velasquez — 7-29-04

Arthur H. Velasquez
Senior Warden II — Date

HBW/tef
cc: file

****

*** REQUESTOR: TFO1382 - FOREMAN, TREASURE DARRINGTON UNIT ***

****

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 093051 DATE: 07/16/04 TIME: 03:16am PRIORITY: 000

TO: TFO1382 - FOREMAN, TREASURE
WARDEN'S SECRETARY
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77583

FROM: DAWAR01 - DARRINGTON_UNIT_INMATE_RECORD
INMATE RECORDS STAFF
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77553

SUBJECT: I-07458-07-04

ON 7-15-2004 AT APPROXIMATELY 9:35 PM, SUPERVISORS WERE SUMMONED TO H-LINE DUE TO AN UNRESPONSIVE OFFENDER.

UPON ARRIVING AT H-LINE, OFFENDER ROBERTSON, RICKY L TDC#1172218 WAS OBSERVED IN H2-03 CELL, LAYING ON HIS ON HIS BUNK LEANING AGAINST THE TABLE. OFFENDER WAS UNRESPONSIVE. OFFENDER WAS CARRIED OUT OF THE CELL AND PLACED ON THE GURNEY AND ESCORTED TO UNIT INFIRMARY.

ONCE IN UNIT INFIRMARY, OFFENDER WAS EXAMINED BY UNIT MEDICAL. OFFENDER WAS UNRESPONSIVE TO AMONIA CAPSULES AND PAIN STIMULI. VITALS WERE TAKEN SHOWING OFFENDERS BLOOD PRESSURE WAS LOW. BLOOD SUGAR LEVELS WERE CHECKED ALSO. AXILLARY TEMPERATURE WAS 108. ON CALL PHYSICIAN (ABRAHAMS) ORDERED OFFENDER TO BE LIFE-FLIGHTED.

ACTING SENIOR WARDEN (WESTIN) WAS NOTIFIED.

LIFE FLIGHT ARRIVED AND OFFENDER WAS TRANSPORTED TO U.T.M.B. GALVESTON

ACTING SENIOR WARDEN WAS AGAIN NOTIFIED. O.I.G. (MR. SANCHEZ) WAS ALSO NOTIFIED AND H2-03 CELL WAS PHOTOGRAPHED AND SEARCHED FOR ANY CONTRABAND PER O.I.G. THEN SECURED AND SEALED AS POSSIBLE CRIME SCENE.

EAC WAS NOTIFIED AND AT THIS TIME THE DIAGNOSIS FOR THIS INCIDENT IS UNDETERMINED. UPDATES WILL BE SENT AS SOON AS INFORMATION IS AVAILABLE.

20.3

LT. H.HALEY
DARRINGTON UNIT

nt to: DAEAC <list> (to)

304

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*** REQUESTOR: TFO1382 - FOREMAN, TREASURE DARRINGTON UNIT ***

****

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 099751 DATE: 07/16/04 TIME: 02:28pm PRIORITY: 000

TO: TFO1382 - FOREMAN, TREASURE
WARDEN'S SECRETARY
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77583

FROM: JGO9667 - GOMEZ, JAVIER
CHAPLAIN II
HOSPITAL AT GALVESTON
P.O. BOX 48, SUB-STA #1
GALVESTON, TEXAS 77555

SUBJECT: ROBERTSON,RICKY #1172218

THE ABOVE REFERENCED OFFENDER WAS PLACED ON THE CRITICAL LIST ON 7/16/04 AT 0420 HRS BY DR. MOVVA DX:OVERDOSE THE NOK WAS CONTACTED AT 1350 HRS AS LISTED BELOW.

ROBERTSON,ROY/BRO
21 N. LINCOLN AVE.
NILES,MI 49120
269-683-2393

AUTH: S. WARDEN K. NEGBENEBOR, TDCJ HG
CHAPLAIN GOMEZ/LW

Sent to:	SER/CRIT	<list>	(to)
	TFO1382	FOREMAN, TREASURE	(to)
	DAMEDMD	DARRINGTON-MEDICAL-RECORDS	(to)

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*** REQUESTOR: TFO1382 - FOREMAN, TREASURE DARRINGTON UNIT ***

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*** SYSM INBASKET PRINT ***

MESSAGE ID: 102421 DATE: 07/16/04 TIME: 08:46pm PRIORITY: 000

TO: TFO1382 - FOREMAN, TREASURE
WARDEN'S SECRETARY
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77583

FROM: DAWAR01 - DARRINGTON_UNIT_INMATE_RECORD
INMATE RECORDS STAFF
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77553

SUBJECT: I-07495-07-04

UPDATED INFORMATION ON OFFENDER ROBERTSON, RICKY #1172218

ON 07-16-04 AT APPROX. 15:10 HOURS OFFENDER ROBERTSON, RICKY #1172218 WAS PRONOUNCED DEAD. THE DX: OVERDOSE/SEPSIS, OGI, CESAR SANCHES WHICH WAS DETERMINED BY DR. BEARY AT 15:58 HOURS. THE OFFENDER PASSED AWAY AT HOSPITAL GALVESTON. THE DUTY WARDEN WAS NOTIFIED.

FROM: DARRINGTON UNIT
AUTH: LT. G. BENNETT

Sent to: DAEAC <list> (to)

Texas Department of Criminal Justice
Institutional Division

Inter-Office Communication

TO: Whom It may Concern **DATE: 07-16-2004**

FROM: Lt. H. Haley **SUBJECT: I-07458-07-04**

On 7-15-2004, at approximately 9:35 PM, Supervisors were summoned to H-Line due to an unresponsive offender. Sgt. Stephens, Sgt. King, Lt. Haley responded. Medical had been notified and LVN Barnes also responded with a gurney. When the above mentioned arrived to H-line, Ofc. Nbonu was working H-line, Ofc. Knight and Ofc. Gallegos had responded.

Offender Robertson, Ricky TDC# 1172218 was observed in H2-03 cell. Offender was lying on his bunk with feet on floor. Offender was breathing irregularly and was unresponsive. Sgt. Stephens gently shook offender to try to get a response with negative results. LVN Barnes used ammonia capsule with negative result also. Sgt. Stephens, Ofc. Knight, Ofc. Gallegos, and Ofc. Nbonu carried the offender from the cell and placed him on a backboard. The backboard was carried to 1-row and then placed onto the gurney. The offender was then escorted to the unit infirmary with Ofc. Knight, Sgt. Stephens, and LVN Barnes. Lt. Haley and Sgt. King were present for this escort.

The offender was brought into the ER and placed on the gurney at that location. LVN Barnes and LVN Prater started an initial assessment of the offender. Vitals were taken and showed the offender had low blood pressure. Blood sugar was also checked. It was believed the offender had suffered from a seizure based on his behavior and symptoms. The offenders' medical chart was reviewed, and noted the offender had no history of seizures and was not a diabetic. The offender had arrived on the Darrington unit at approximately 6:15 AM, that same day. He had come from Jester 4 unit and was currently on mental health medication. It was noted that the offender had went to pill line at approximately 4:30 PM that day and received his medication. LVN Prater used ammonia capsules on the offender to gain responsiveness with negative results. LVN Prater also used a needle to check for pain stimuli with negative results. The offender felt warm to the touch so the offenders' maxillary temperature was taken and yielded a temperature of 108. Ice bags were brought and placed on the offender in an attempt to lower the temperature. The on call physician (Abraham) was notified of these facts. The diagnosis at this time was heat stroke. Dr. Abraham issued an order for the offender to be life flighted to a hospital.

***NOTE* When the offender was found it was noted that the offenders pants were down around his knees. As a precautionary measure LVN Prater examined the offender rectal area for signs of possible sexual assault. She did not see anything that would indicate**

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this. It was also noted that the offender had two (what looked to be) burn marks on his inside right arm below the elbow.

At this point, Lt. Haley advised the Duty Warden (Westin) who was also the acting Senior Warden of the situation.

While waiting for life flight to arrive the offender did stop breathing but was assisted by medical personnel. When life flight arrived, Warden Westin was again notified and the offender was escorted to the helicopter and transported to U.T.M.B. Galveston at approximately 11:45 PM.

EAC was notified at approximately 12:20 AM with an initial diagnosis of heat stroke based on the medical telex.

O.I.G. (Mr. Sanchez) was also notified. Per his instructions, H2-03 cell was photographed, searched for possible contraband, and then sealed as a possible crime scene. H2-03 had been secured and treated as a possible crime scene earlier but not sealed. The cell was sealed using red medical tape, to tape the cell door shut. The officer working the line was advised to not open the cell for any reason. Unit count room was also notified that the cell was sealed and to not house any incoming offenders in that cell. The offender had NO property.

At approximately 5:00 AM an update from U.T.M.B noted Dr. Movva had placed the offender in I.C.U. in critical condition at 4:20 AM and a TENATIVE diagnosis was either Sepsis or an Overdose.

Per Warden Mossbargers' instructions, an attempt to contact all officers involved was made. The officers had left at the end of their shift, results are as follows:

Ofc. Nohoru (H-line officer) – Left message on answering machine, no response at this time.

Ofc. Knight (Responding officer) – Left message on answering machine, no response at this time.

Ofc. Gallegos (Responding officer) – Left message on answering machine, no response at this time.

Sgt. Stephens – Contacted, returned to unit and provided written statement (attached)

LVN Barnes – Contacted by Sgt. Moffett and refused to return to unit. Statement attached from Sgt. Moffett.

Sgt. King – Statement attached.

Lt. Haley – Provider of this summary. This is his statement.

LVN Prater – No statement at this time

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Additional Information:

1. Per Margo Green, offenders' classification was found at the Lopez unit in Edinburg and Lt. Haley forwarded the emergency contact information to U.T.M.B.

2. Offender Robertson is a 37-year-old white male currently serving a 3-year sentence for deadly contact. The offender was received by T.D.C.J. on 6-25-2003.

3. Per Warden Westin, Mr. Dattalo (Safety Officer), was called to the unit and took temperature readings of all three rows on H-line. Readings were taken from the front, middle, and back of each row. H2-03 cell was also noted. All readings at 2:00 AM were normal.

4.Attached is the following documentation:

- **a. Copy of medical telex**
- **b. Copy of email sent to EAC at 3:16 AM**
- **c. Statement of Sgt. Stephens**
- **d. Statement of Sgt. King**
- **e. Statement of Sgt. Moffett concerning LVN Barnes**
- **f. Copy of 2nd shift Ad. Seg. Roster for 7-15-2004**
- **g. Copy of temperature readings of Mr. Dattalo at 2:00 AM**
- **h. 10 photos of H2-03 cell.**

Lt. H. Haley

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*** REQUESTOR: HHA8903 - HALEY, HAROLD D. DARRINGTON UNIT ***
****
*** S Y S M O U T B A S K E T P R I N T ***

MESSAGE ID: 093127 DATE: 07/16/04 TIME: 04:57am PRIORITY: 000

SUBJECT: ROBERTONS,RICKY#1172218

ON 07-15-04 AND APPROXIMATELY 2135HRS I WAS TOLD BY THE CONTROL PICKET OFFICER THAT THERE WAS EMERGENCY ON H-LINE. I IMMEDIATELY RESPONDED TO H-LINE. OFFICER MBONU WHO WAS WORKING H-LINE CALLED ME TO H-2-03 CELL WHERE I OBSERVED OFFENDER ROBERTSON, RICKY #1172218 LYING ON THE BOTTOM BUNK WITH HIS FEET ON THE FLOOR. THE OFFENDER WAS UNRESPONSIVE AND BREATHING IRREGULARY. I IMMEDIATELY CALLED FOR MEDICAL AND A GURNEY BUT THEY HAD ALREADY ARRIVED. MS. BARNES WAS THE NURSE WHO ARRIVED. I ORDERED THE DOOR TO BE OPEN AND OFFICERS GALLEGOS, KNIGHT, MBONU AND MYSELF ENTERED THE CELL. I GENTLY SHOOK THE OFFENDER TO CHECK FOR RESPONSIVENESS BUT HE DID NOT RESPOND. NURSE BARNES THEN TRIED TO USE AN AMMONIA CAPSULE BUT THE OFFENDER STILL DID NOT RESPOND. OFFICERS GALLEGOS, KNIGHT, MBONU AND MYSELF THEN CARRIED THE OFFENDER OUT OF THE CELL, PLACED THE OFFENDER ON THE BACKBOARD AND CARRIED HIM DOWNSTAIRS AND PLACED HIM ON THE GURNEY. OFFICER KNIGHT, NURSE BARNES AND MYSELF THEN ESCORTED THE OFFENDER ON THE GURNEY TO THE INFIRMARY EMERGENCY ROOM. I WAS THEN RELIEVED BY LT. HALEY AND SGT. KING.

S[redacted] M. STEPHENS

Sent to: HHA8903 HALEY, HAROLD D. (to)

****
*** REQUESTOR: HHA8903 - HALEY, HAROLD D. DARRINGTON UNIT ***
****
*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 093105 DATE: 07/16/04 TIME: 04:44am PRIORITY: 000

TO: HHA8903 - HALEY, HAROLD D.
LIEUTENANT
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77583

FROM: HHA8903 - HALEY, HAROLD D.
LIEUTENANT
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77583

SUBJECT: STATEMENT

ON 7-15-04 AT APPROXIMATELY 2135 HRS. I SGT. C KING WAS STANDING BY THE CONTROL PICKET WHEN SUPERVISORS WERE CALLED TO H-LINE. I ARRIVED AT H-LINE AND WENT TO TWO ROW. I LOOKED INSIDE THE CELL AND SEEN OFFENDER ROBERTSON, RICKEY #1172218 HAVING WHAT LOOKED TO BE A SEIZURE. SGT. STEPHENS, OFC. KNIGHT, OFC. GALLEGOS, AND OFC. MBONU WERE IN THE CELL AND LIFTED THE OFFENDER ONTO THE GURNEY. THE OFFENDER WAS ESCORTED TO MEDICAL ER AND LVN PRATER AND LVN BARNES BEGAN TAKING VITAL SIGNS. THE MEDICAL STAFF LOOKED THROUGH HIS MEDICAL FOLDER AND FOUND NO HISTORY OF SEIZURES, OR DIABETES, THE OFFENDER IS ON MENTAL HEALTH MEDICATION. LVN PRATER USED AMMONIA TABS AND IT HAD NO AFFECT. SHE THEN USED A NEEDLE TO TEST IF THE OFFENDER FELT ANY PAIN AND IT HAD NO AFFECT. MEDICAL STAFF TOOK THE OFFENDERS TEMPERATURE AND IT WAS 108 DEGREES. SO THEY PUT ICE PACKS ON THE OFFENDER TO TRY AND BRING DOWN HIS TEMPERATURE. LVN PRATER STARTED AN IV ON THE OFFENDER AND LVN BARNES CALLED THE ON-CALL DOCTOR. THE TOLD LVN BARNES THAT THE OFFENDER NEEDED TO BE LIFE FLIGHTED. SOUTHERN EMS ARRIVED AND THEY BEGAN RUNNING VITAL SIGNS AND STARTED ANOTHER IV. LIFE FLIGHT ARRIVED AND AT 2345 HRS. TRANSPORTED THE OFFENDER TO HOSPITAL GALVESTON.

Sent to: HHA8903 HALEY, HAROLD D. (to)

Sgt C King

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

To Lt. Haley Date 7-15-04

From Sgt. Moffett Subject As Stated

On 7-15-04 at approximately 0200hrs. I spoke with LVN Barnes and informed her that per Asst. Warden Weston, and Asst. Warder Mossbarger's instructions she needed to return to the Darrington Unit in order ~~th~~ to give a written statement as to ~~the~~ Offender Robertson, Ricky 1172218. She informed me that she could not return to the unit due to her being extremely tired.

Sgt. J. Moffett

SO-4

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

To CAPTAIN KNOTS Date 07/15/04.

From MBONU E. C. Subject H LINE INCIDENT

On the 15th of July 2004, I was on H Line as the Second Shift Line Officer.

During my Security Check, I was going into H Line 2 row at 2115hr when I observed that offender Robertson Ricky in #2-03 was in a state that needed urgent Medical attention.

Action Taken

I immediately ran down the stair, called the hall boss, officer Ifedobi and told him to call the Medical and the Sergent for Emergency immediately.

He did call the medical and the Sergent. When they came, the Sergent also arrived with two other officers, officer Knight and officer Gallegos.

I and Sergent Stephen and the two aforementioned officers immediately put said offender on the Stretcher and he was moved to the infirmary.

SO-4

2013

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

To Warden Weston Date 7/16/04

From M. Knight IR CO IV Subject

At 2135 hrs on 7/15/04. I officer Knight responded to a medical emergency call on H-2-03. Upon entering the cell I observed the offender sitting on the far end of his bunk hands at his side, pants around his ankles, and leaning over on the desk. I helped place the offender on the floor. He was unresponsive The nurse tried an amonia pack. He was still unresponsive. Sgt Stephens, officer Gallegos, officer Moore and myself place the offender on a back board and carried him down the stairs and placed him on a gurney. Sgt Stephens escorted the offender along with myself to the infirmary, this ended my participation

This is for yr information

SO-4

2014

Texas Department of Criminal Justice
INSTITUTIONAL DIVISION

Inter-Office Communications

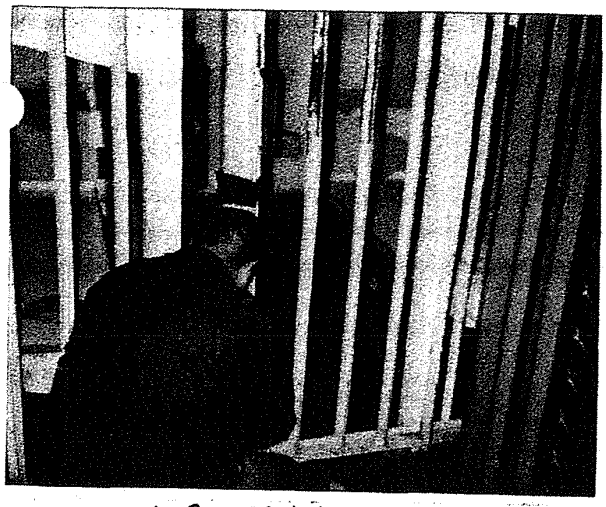
To WARDEN WESTON **Date** 7-16-04

From F. GALLEGOS **Subject**

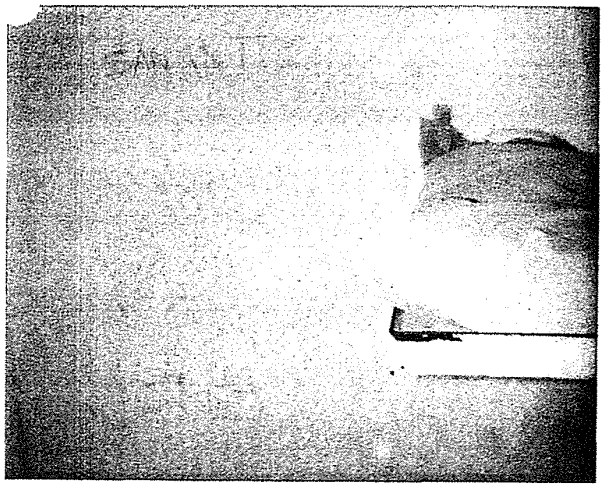
AT APPROXIMATELY 2135 HRS I WAS ADVISED THAT THERE WAS A MEDICAL EMERGENCY ON H-LINE. I WENT INTO H-LINE AND WAS TOLD BY THE LINE OFFICER THAT AN OFFENDER IN H-2-03 WAS POSSIBLY HAVING A SEIZURE. I LOOKED INTO H-2-03 AND OBSERVED OFFENDER ROBERTSON, RICKY TDCJ-ID NO. 1172218 SITTING ON HIS BUNK. THE OFFENDER WAS SITTING ON HIS BUNK WITH HIS PANTS AT HIS ANKLES LEANING TOWARDS THE DESK AT THE FRONT OF HIS BED. OFFENDER ROBERTSON WAS HAVING DIFFICULTY BREATHING AND WAS NON RESPONSIVE. THE CELL DOOR WAS OPENED AND I STEPPED INTO THE CELL TO HELP OFFICERS KNIGHT, MBONU AND SGT STEPHENS PLACE THE OFFENDER ON THE FLOOR. THE NURSE THEN DID AN ASSESSMENT OF THE OFFENDER AND ORDERED US TO TAKE HIM TO THE MEDICAL DEPARTMENT. I HELD THE OFFENDERS RIGHT SHOULDER AND ARM TO PLACE HIM ON A BACK BOARD. I THEN HELD THE RIGHT SIDE TOP ~~THE~~ HALF OF THE BACK BOARD TO ASSIST THE OTHER OFFICERS CARRY THE OFFENDER DOWN THE STAIRS. HE WAS THEN PLACED ON A GURNEY AND STRAPPED TO THE GURNEY BY THE NURSE. I WAS THEN ORDERED TO RETURN TO MY DUTIES AND LEFT H-LINE. I DID NOT SEE THE OFFENDER TAKEN OFF H-LINE AND GO TO THE MEDICAL DEPARTMENT.

Fred Gallegos

SO-4

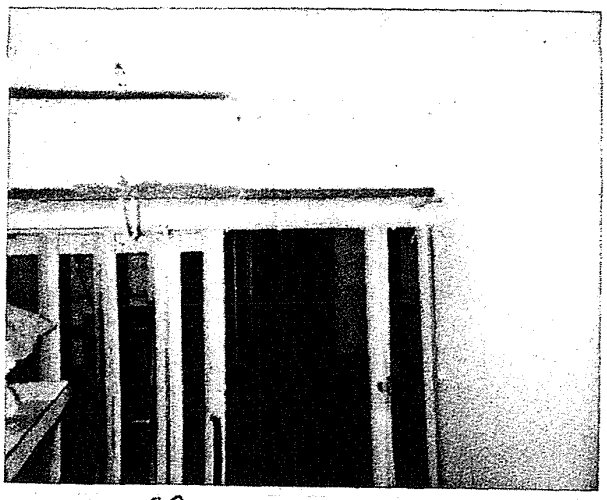


7-16-04 @ 0030 AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING

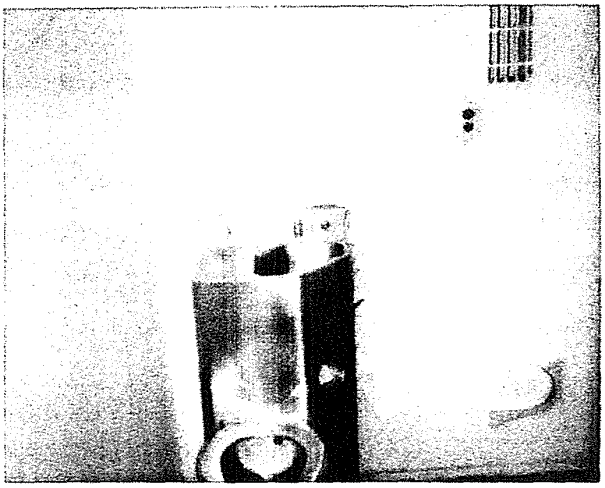


7-16-04 @ 0030AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING

20.16

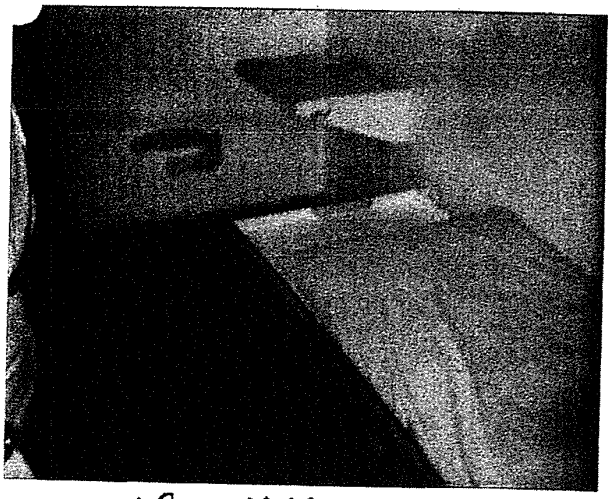


7-16-04 @ 0030AM
H2-03 CELL
TAKEN BY SGT. WILSON / SGT. KING



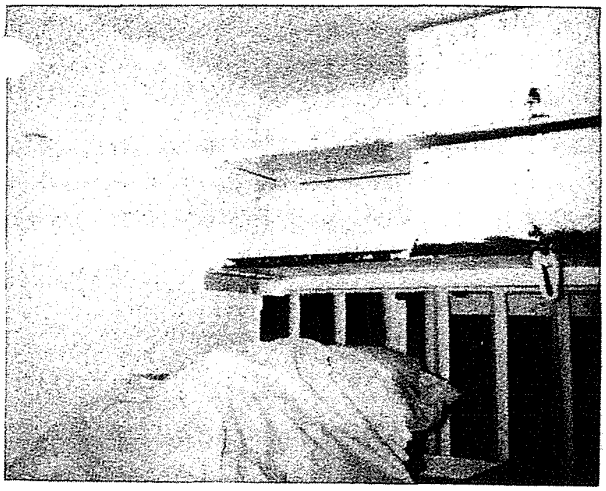
7-16-04 @ 0030AM
H2-03 CELL
TAKEN BY SGT. WILSON / SGT. KING

7-16-04 @ 0030 AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING



7-16-04 @ 0030AM
HZ-03 CELL
TAKEN BY SGT. WILSON / SGT. KING

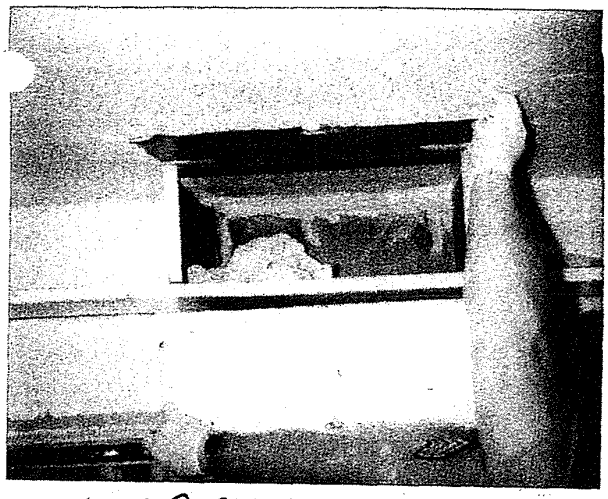
2018



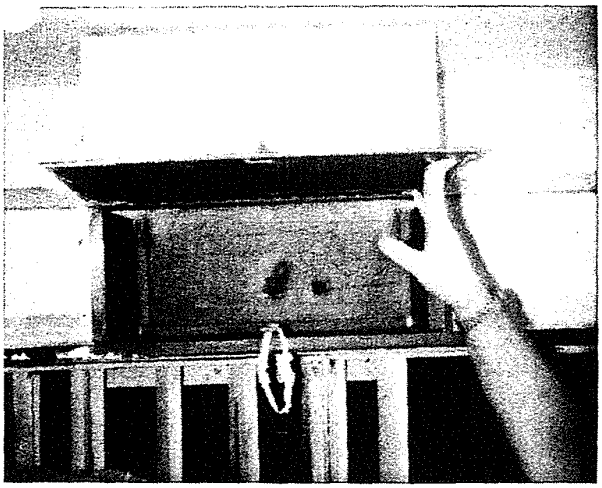
7-16-04 @ 0030AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING

7-16-04@0030AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING

20.P



7-16-04 @ 0030AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING



7-16-04 @ 0030AM
HZ-03 CELL
TAKEN BY SGT. WILSON/SGT. KING

20.20

Temperature and Humidity Readings
H-line, 1, 2, & 3-rows
07/16/2004 – 2:00 a. m.

7/16/04 2:00 AM.

H-324
T H.
80 95%

H-314
82 - 95%

H-302
83 95%

H-327
84 90

H-213
85 95%

H-203
84 88

H-126
84 85

H-115
85. 82

H-107
85. 83

CSPH0076 T. D. C. J. - INSTITUTIONAL DIVISION 07/16/2001
571-61-5717 PHARMACEUTICAL SYSTEM 08:17:57
COMPLIANCE

SID NUMBER: 01172218 NAME: ROBERTSON,RICKY L AUTO-RENEW: NO

RX DATE	RX TIME	START	STATUS	LABEL NAME	ROUTE
06/25/01	10:29:51	06/25/01	ACTIVE	LITHIUM CARBONATE 300MG CAP	ORAL

DATE	TIME	TERM	TECHNICIAN
07/09/01	16:47:12	J4MB	[redacted]
07/10/01	06:51:18	J4MB	
07/10/01	16:39:30	J4MB	
07/11/01	07:05:03	J4MB	
07/11/01	17:15:49	J4M1	
07/12/01	06:40:21	J4MB	
07/12/01	17:04:01	J4MB	
07/13/01	09:06:17	J4MB	
07/13/01	15:50:55	J4MK	
07/14/01	07:15:19	J4MB	
07/14/01	17:21:38	J4M7	
07/15/01	11:10:06	DAMA	
07/15/01	16:46:50	DAMA	

DATE	TIME	TERM	TECHNICIAN

END MEDICATION PROFILE DELETE DISPENSE DRUGS

CSPH0076 T. D. C. J. - INSTITUTIONAL DIVISION 07/16/2001
571-61-5717 PHARMACEUTICAL SYSTEM 08:18:27
COMPLIANCE

DOC NUMBER: 01172219 NAME: ROBERTSON,RICKY L AUTO-RENEW: NO

RX DATE	RX TIME	START	STATUS	LABEL NAME	ROUTE
06/30/01	11:26:33	06/30/01	ACTIVE	NORTRIPTYLINE 75MG CAPSULE	ORAL

DATE	TIME	TERM	TECHNICIAN	DATE	TIME	TERM	TECHNICIAN
06/30/01	15:06:01	J4MB	[redacted]	07/14/01	17:21:38	J4M7	[redacted]
07/01/01	15:55:10	J4MB		07/15/01	16:46:50	DAMA	
07/02/01	17:15:09	J4MK					
07/03/01	16:32:41	J4M1					
07/04/01	16:05:02	J4MK					
07/05/01	16:57:08	J4MB					
07/06/01	11:48:56	J4MB					
07/07/01	16:45:17	J4MB					
07/08/01	18:01:57	J4MP					
07/09/01	16:47:12	J4MB					
07/10/01	16:39:30	J4MB					
07/11/01	17:15:49	J4M1					
07/12/01	17:01:04	J4MB					
07/13/01	15:50:55	J4MK					

END . MEDICATION PROFILE DELETE DISPENSE DRUGS

2023

MEDICATION PASS 07/16/2001

TDC NO.: 01172218 NAME: ROBERTSON,RICKY L
UNIT: DA HOUSING LOCATION: UNASGN BED:

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
LITHIUM CARBONATE 300MG CAP	FAUST,HARRY L	06/25/01	07/24/01	0 11	06/19/05
TAKE 3 CAPSULES 2 TIMES EVERY DAY FOR 30 DAYS.					
CHLORPROMAZINE 100MG TABLET	FAUST,HARRY L	06/25/01	07/24/01	0 11	06/19/05
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.					
BENZTROPINE MES 2MG TABLET	FAUST,HARRY L	06/25/01	07/24/01	0 11	06/19/05
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS.					
AMANTADINE 100MG CAPS *	FAUST,HARRY L	06/25/01	07/24/01	0 11	06/19/05
TAKE 1 CAPSULE 2 TIMES EVERY DAY FOR 30 DAYS.					
NORTRIPTYLINE 75MG CAPSULE	YU,KARL D	06/30/01	07/29/01	0 11	06/24/05
1 CAP QPM X 30 D FOR DEPRESSION					
CHLORPROMAZINE 50MG TAB *	YU,KARL D	07/07/01	08/05/01	0 11	07/01/05
1 TAB BID--TAKE W/ 100 MG BID--TTL DOSE 150MG BID					

20 24

****
*** REQUESTOR: DAWAR01 - DARRINGTON_UNIT_INMAT DARRINGTON UNIT ***
****
*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 092907 DATE: 07/15/04 TIME: 11:29pm PRIORITY: 000

TO: DAWAR01 - DARRINGTON_UNIT_INMATE_RECORD
INMATE RECORDS STAFF
DARRINGTON UNIT
59 DARRINGTON ROAD
ROSHARON, TEXAS 77553

FROM: DAMEDM1 - DARRINGTON-MEDICAL-RECORDS
NURSING
DARRINGTON UNIT
ROSHARON

SUBJECT: MEDICAL TRANSFER

MEDICAL TRANSFER

R EMERGENCY O ROUTINE

NAME OF INMATE: ROBERTSON INMATE NUMBER: RICKY
DIAGNOSIS: HEAT STROKE
NATURE OF TRANSFER: SCHEDULED APPOINTMENT
X EVALUATION
SENDING PHYSICIAN: ABRAHAM
ACCEPTING PHYSICIAN:
TRANSPORT TO: LIFE FLIGHT
TRANSPORTATION MODE ORDERED: CHAIN BUS UNIT VAN
WHEELCHAIR VAN AMBULANCE
X OTHER LIFE FLIGHT
TRANSPORTATION MODE USED: CHAIN BUS UNIT VAN
WHEELCHAIR VAN AMBULANCE
X OTHER LIFE FLIGHT
HOUSING:
ACT OF VIOLENCE: N
UTMB/TDCJ MANAGED CARE AUTHORIZATION (Y OR N):
UNIT CONTACT NAME: PRATER
JOB TITLE: LVN
TIME DEPARTED UNIT: : DATE DEPARTED UNIT: / /
TIME RETURNED: : DATE RETURNED: / /

SENT TO:

SERIOUS/CRITICAL
NOTIFICATION REPORT

RM: J4A5

Name:___ROBERTSON,RICKY__TDCJ# _1172218 Race:_W_ Sex:_M_

DOB: _08-21-66_Unit/Facility of Assignment__DA__ Serious () Critical (X)

The following Notifications were Made:

Unit/Facility Warden/Designee:__K. Negbenebor_Time:___ Date 07/16/04_
By E-Mail____ In Person_____By Fax_____ By Phone_____

Notified By Whom__Chaplain's Office__ Time:____Date:_07/16/04__
Notified By Whom_____ Time_____Date_____

Person Contacted:(listed as emergency contact on travel card)
Name: _____ROY ROBERTSON_____Relationsip:_BRO___
Address:_____211 N. LINCOLN AVE_____
_____NILES, MI _49120__
Phone: _____269-683-2393_____
Contacted By Whom: __ Chaplain's Office_ Time:1350_Date:07-16-04_
Medical Condition indicated by Doctor: _OVERDOSE
Time:_0420___Date:_07-16-04_Doctor's Name: DR._MOVVA_
Hospital: _____Galveston___City: ___Galveston_____
Comments:_____
_____
Classification and Records Contact Person:_____By E-Mail_____
Notified By Whom: ___Chaplain's Office___Time:___Date:_07-16-04_

Other Pertinent Information (Should include date and time offender arrived at the unit/facility,offender's condition, and any other relevant information)
___ONLY CONTACT BRO/DO NOT CONTACT MOTHER..._____
_____

Report Completed By:
_Chaplain's Office__

2026

*** REQUESTOR: JG09667 - GOMEZ, JAVIER HOSPITAL AT GALVESTON ***

*** S Y S M O U T B A S K E T P R I N T ***

MESSAGE ID: 101887 DATE: 07/16/04 TIME: 04:54pm PRIORITY: 000

SUBJECT: I-07495-07-04

RE: ROBERTSON,RICKY #1172218 RM:J485

THE ABOVE REFERENCED OFFENDER EXPIRED AT 1510 HRS ON 7/16/04 AND WAS PRONOUNCED BY DR. PERRY. PROVISIONAL CAUSE OF DEATH WAS LISTED AS NEUROLEPTIC MALIGNANT SYNDROME. THE OFFENDER WAS ADMITTED AT 0322 HRS ON 7/16/04 BY DR. BEARY DX: OVERDOSE/SEPSIS. OGI,CESAR SANCHEZ WAS CONTACTED AT 1558 HRS. A MESSAGE WAS LEFT WITH THE DAUGHTER OF BROTHER AT 1600 HRS. NO DECISON COULD BE MADE UNTIL CONTACT OF BROTHER.
ROY ROBERTSON/BRO
211 N LINCOLN AVE.
NILES MI. 49120
269-683-2093

AUTH: S. WARDEN NESBENBOR , TDCJ HG
CHAPLAIN GOMEZ/LW

cc to: DEATH (list) (to)
G3E2168 BENNETT, GRETA K. (to)
CSA6322 SANCHEZ, CESAR (to)

2021

*** REQUESTOR: SEM1581 - MICKENS, STACY CAROLE YOUNG MEDICAL FACILITY ***

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 103557 DATE: 07/17/04 TIME: 06:35pm PRIORITY: 000

TO: SEM1581 - MICKENS, STACY
LIEUTENANT
CAROLE YOUNG MEDICAL FACILITY
RT. 4 BOX 1174
DICKINSON, TEXAS 77539

FROM: SEM1581 - MICKENS, STACY
LIEUTENANT
CAROLE YOUNG MEDICAL FACILITY
RT. 4 BOX 1174
DICKINSON, TEXAS 77539

SUBJECT: ROBERTSON,RICKEY #1172318

THE BROTHER OF OFFENDER ROBERTSON,RICKEY WAS NOTIFIED BY LT. MICKENS OF HIS BROTHERS DEATH, BUT WOULD NOT GIVE AN ANSWER AS TO IF HE WOULD ACCEPT THE BODY. THE BROTHERS NAME IS ROY ROBERTSON HE WAS NOTIFIED AT APPROXIMATELY 1500 HRS. CONTACT PHONE NUMBER IS 409-682-3993.

LT. S. MICKENS
HG

Sent to:

SEM1581	MICKENS, STACY	(to)
CSA6222	SANCHEZ, CESAR	(to)
JGO9667	GOMEZ, JAVIER	(to)

Hospital Galveston Unit
Shift Lieutenant's Report
Offender Death Notification

Date: 7-16-04

Incident #: I-07495-07-04

The offender's property is to be inventoried, labeled, and placed in the Property Room.

1. This section should be completed prior to any notifications:

Offender's name: ROBERTSON,RICKY TDCJ#: 1172218

Unit of Assignment: DA Death Occurred: HG J4A5

Cause of Death: NEUROLEPTIC MALIGNANT SYNDROME

Certifying physician: DR. PERRY Date: 7-16-04 Time of Death 1510

Where body is being held: UTMB MORGUE

Date/Time of Admit: 7-16-04 0322 Dr.: BEARY DX: OVERDOSE/SEPSIS

2. Notifications are to be made immediately.

A. Duty Warden: NEGBENEBOR Time: BY E-MAIL

*Note: If the offender died of natural causes, was under the care of a physician and hospitalized for 24 hours, then it is not a medical examiners case and the medical investigator does not have to be contacted.

B. Galveston Co. Medical Examiners: Name of person contacted: _____

Time: _____ (409) 942-4459

*If an offender dies of accident, suicide, homicide, or complications resulting from the same, or dies from unknown causes, or was in the hospital less than 24 hours, then it is medical examiners case and the medical investigator must be contacted.

C. I.A.D.: CESAR SANCHES Time: 1558

D. Huntsville Funeral Home: TERSEA MOORE Time: 1548

Furnish the name, phone #, and address of person contacted at the medical examiners office, the location of the body. (936) 295-6363.

E. Chaplain: GOMEZ Time: 1510

Javier Gomez (409) 772-6191

Pager: (409) 641-8398

F. Emergency Action Center: (936) 295-6371 / Ext. 463 or 448 Time: 1545

Person contacted: TERSEA ALFORD

Incident Report Number: I-7495-07-04 (Included at the top of this report)

3. Make and attach a photocopy of the deceased offender's travel card

4. Return original of completed report

Lieutenant's Signature

TEXAS DEPARTMENT OF CRIMINAL JUSTICE	Policy Number:	11.04 (rev. 1)
Chaplaincy Department	Page:	Attachment A
CHAPLAINCY MANUAL	Date:	

OFFENDER DEATH NOTIFICATION WORKSHEET

To: WARDEN NEGBNEBOR Date: 7-16-04

From: CHAPLAIN GOMEZ Subject: Offender Death Notification

1. *Offender Information*
   Name: ROBERTSON,RICKY
   TDCJ#: 1172218 Unit Assigned: DA
   Cause of Death: NEUROLEPTIC MALIGNANT SYNDROME
   Date of Death: (unit/hospital): 7-16-04 HG J4A5
   Certifying Physician/Justice of the Peace: DR. PERRY

2. *Family Contact: In the event of natural causes of death under a physician or registered nurse's care, the priority family order should be spouse, adult children or guardians of minor children, parents and siblings.*
   Date: 7-16-04 Time: 1600 (left message w/DAU of Bro)
   _____ Contacted listed next of kin
   _____ Contacted a relative/friend from visiting list or correspondence
   _____ Contacted Sheriff's Office / Police Department (specify)
   Name: _____ Date: _____ Time: _____
   Approval of Autopsy by N.O.K. YES _____ NO _____

3. *Person Contacted*
   Name: ROY ROBERTSON Relationship: BRO
   Address/City/St/Zip: 211 N LINCOLN AVE. NILES,MI. 49120
   Area Code & Telephone Number: 269-683-2393

4. *Burial Arrangements:*

   _____ The family will claim the body. The family was instructed to call the Huntsville Funeral Home at 936/295-6363.

   X 7/19/04 at 1500 The family will not claim the body. The family was instructed to send a fax to 936/437-8073 to the Huntsville Unit Warden with the following message. "I am unable to claim the body of: _____ _____ TDCJ#_____. I am requesting that he/she be buried in the prison cemetery". Name, address, telephone number and relationship to the inmate should be included in the fax.

   _____ Unable to contact any family member or friend (detail efforts in IOC to unit warden). Send E-Mail and fax worksheet to the Huntsville Unit Warden. Burial recommended in the prison cemetery.

5. X Send a copy of this worksheet to: (1) the Director of Classification and Records by E-Mail to BST0772 or a fax to 936/437-6227 and (2) by fax to the Huntsville Funeral Home at 936/295-9253.

6. X Place a copy of the next of kin letter in the Offender Death Notification Packet.

7. X Send a copy of this worksheet, IOC, E-Form, and the next of kin letter to the Director of Chaplains.

8. X Keep a copy of all paperwork in your file and submit this original to the Offender Death Notification Packet.

Chaplain's Signature: CHAPLAIN GOMEZ Date: 7-16-04

20.30

User ID: JGO9667 03:10pm - Mon, Jul 19, 2004
Enter Command ===>

To: JGO9667 - GOMEZ, JAVIER Message ID: 112986
From: JGO9667 - GOMEZ,. JAVIER Date Sent: 07/19/04
Subject: I-07495-07-04 Priority: 000 Time Sent: 03:10pm

RE: ROBERTSON,RICKY #1172218 RM: J4A5

THE ABOVE REFERENCED OFFENDER EXPIRED ON 7/16/04 AT 1510 HRS AND WAS PRONOUNCED BY DR.PERRY. PROVISIONAL CAUSE OF DEATH WAS LISTED AS NEUROLEPTIC MALIGNANT SYNDROME. THE OFFENDER WAS ADMITTED AT 0322HRS ON 7/16/04 BY DR. BEARY DX:OVERDOSE/SEPSIS. OGI,CESAR SANCHES WAS CONTACTED AT 1558 HRS. AN AUTOPSY ORDER WAS REQUESTED BY OIG. BRO, ROY ROBERTSON CALLED AT 1500 HRS ON 7/19/04 STATING HE WILL NOT CLAIM BODY.
ROY ROBERTSON/BRO
211 N. LICOLN AVE.
NILES, MI. 49120
269-683-2393

COMMANDS: Ans TRa Read DEFer FILe POst View EDit DEL PUT QUE DCal Print Help

------ SISM ELECTRONIC FORMS ENTRY ------------------ 4.4.
User ID: JG09667 04:11pm - Mon, Jul 19, 200
Enter Command ===>

****************************DEATH NOTIFICATION*****************************

INMATE: ROBERTSON,RICKY TDCJ# 1172218
DATE OF DEATH: 07-16-2004
CUSTODY: MH STATUS: S3 RACE: W DOB: 08-21-66 AGE: 38
CAUSE OF DEATH: NEUROLETIC MALIGNANT TIME: 1510 DOCTOR: PERRY
PLACE OF DEATH: HG J4A5
DUTY WARDEN: NEGBENEBOR TIME: BY E-MAIL
JUSTICE OF THE PEACE: TIME:
TDCJ-ID-IAD: C. SANCHES TIME: 1558
HUNTSVILLE FUNERAL HOME: T. MOORE TIME: 1548
CHAPLAIN: GOMEZ TIME: 1510
EAC: T. ALFORD TIME: 1545
APPROVAL OF AUTOPSY BY N.O.K. (X)YES ( )NO ( ) UNABLE TO CONTACT
N.O.K. ROY ROBERTSON/BRO TIME 1600 HRS PHONE 269-683-2393
ADDRESS: 211 N. LINCOLN AVE. FAMILY WILL( ) WILL NOT(X) CLAIM BODY
ADDRESS: NILES, MI. 49120 REQUEST FOR OFFENDER BE BURIED IN HV
LOCATION OF BODY: UTMB MORGUE CEMETERY.
LOCATION OF INMATE PROPERTY: DA
COMMANDS: Up Down Top Bottom Send TRansfer DElete Calc FInal Print SET{SCR}

Cause of Death Worksheet

[redacted] Robertson, Ricky

Cause of Death Worksheet: To be completed by certifying physician.

[redacted] 7/16/04

[redacted]: John Sealy ☒ Inpatient ☐ ER/Outpatient ☐ DOA

[redacted] 17:15 [redacted] Anthony J. Perk, III, MD Pager # 207360

35 Part 1 Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		Interval between onset and death.
Immediate Cause of Death: (final disease or condition resulting in death)	[redacted] Neuroleptic malignant Syndrome	7/15 – 7/16
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.	[redacted]	
	[redacted]	
	[redacted]	

[redacted] ☒ Yes ☐ No [redacted] ☐ Yes ☒ No

[redacted] ☐ Yes ☐ Probably ☒ No ☐ Unknown

[redacted] ☐ Yes ☐ Probably ☒ No ☐ Unknown

[redacted] At time of death ☐ Yes ☒ No ☐ Unknown; Within last 12 mo ☐ Yes ☒ No ☐ Unknown

40. Manner of Death	41a. Date of Injury	41b. Time of Injury	41c. Injury at Work?	41d. Place of Injury - at Home, Farm, Street, Factory, Office, etc. (Specify)
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined		A.M.	☐ YES ☐ NO	
	41e. Location (Street and number, city or town, state			
	41f. Describe how injury occurred			

Instructions: Print all information. Do not use abbreviations.

1. Stamp with patient's ID card or affix Invision label.
2. Item #3: Provide the date of death.
3. Item #18: Indicate where death occurred.
4. Item #33: Provide the time that death is officially pronounced. ***Note if organ donor, this is the time of "brain/cardiac death".***
5. Item #34: Printed name of physician that will sign the death certificate. Please provide your pager number for notification when Death Certificate is ready for signature.
6. Item 35a-d and Part II: Provide the cause of death. Follow instructions given in item 35.
7. Item #36a - 39: Place an "X" for appropriate responses.
8. Item #40: Physicians may only mark "Natural" for the cause of death. If a manner of death other than "Natural" is marked, the physician must notify the Medical Examiner of the death. Note, only the Medical Examiner can sign a death certificate with a manner of death other than "Natural".
9. Items 41a - 41f: Only applies to Medical Examiner cases, and may only be completed by Medical Examiner.

IF PT ID CARD OR LABEL IS UNAVAILABLE, WRITE DATE, PT NAME AND UHB IN SPACE BELOW

[redacted]

CAUSE OF DEATH WORKSHEET

The University of Texas Medical Branch Hospitals
Galveston, Texas

Rev. 4/3/01

DO NOT FILE IN MEDICAL RECORD; SEND TO THE AUTOPSY SERVICE.

GALV CO MEDICAL EXM ID: JUL 17'04 7:44 No.001 P.01

Galveston County Medical Examiner

REPORT OF DEATH INVESTIGATION

Police Agency ______ City Gal

Investigator Flores

Decedent Ricky Robertson DOB 8-21-66 A/R/S

First Middle Last

Address Unknown TDC unit (Number and Street) (City or County) (Zip) M W S D

Occupation ______ Time Spent ______ Employer ______

Next of Kin ______ Address/Phone ______

Relationship ______ Time Notified ______ By ______ Funeral Home ______

Date/Time Pronounced Dead 7-16-04 1510

Type of Death: Sudden in apparent good health ___ Violent or Unnatural ✓ In prison, jail or police custody ___

Unattended by physician ___ Suspicious ___ Unusual ___

N A S H U

	Last Known Alive	Injury/Illness	Death/Found	DOA	GCME Notified	Police Notified	Vehicle Indicate
Date			7-16-07				Driver ___ Passenger ___
Time			1510				Whale Seated ___ Pedestrian ___

	Location	City or County	Premises (Home, Work, Street, Etc.)
Illness or Injury			
Death	UTMB		
Body Found			

Medical History (operations, illnesses, alcoholism, drug abuse, suicide attempts, etc.; birth records (infants))

Institution and/or Physician	Address, Phone	Diagnosis	Date

GCME at Scene ______ at ______ Hrs. GCME Left Scene at ______ Hrs.

Photos ______ By ______ First Officer at Scene ______

Investigator Agency Phone

Suspected Suicide TDC

JUL 19 2004 10:36

M2004-348

Official Title

rative summary of circumstances surrounding death (polaroids, diagrams welcome; please include alcohol, drug use):

The Decedent is a TDC inmate who was brought to UTMB after a drug overdose. The decedent is bi-polar and had suicidal tendencies for his bi-polar disorder. This was learned through Life at UTMB. Decedent was pronounced at 1510. He arrived at the hospital at 5:33pm via Ambulance.

ce(s) of Information/Official Title, Relationship to Decedent:

e do not embalm body, as this makes toxicology for alcohol and drugs impossible. Please send suicide notes: Please submit ligatures, on if possible. Please tape hands in non-touching paper bags. Please submit medications, vials, drug paraphernalia. Special procedures: vagi- swabs, etc. fingernails other

Report prepared by: DJF

20.2

TDCJ AUTOPSY ORDER

In accordance with Section 501.055 of the Government Code, the following Order shall serve as authorization from the TDCJ HOSP/GALV. Unit, to perform an autopsy on the body of the offender named below.

Acting in my capacity as an authorized official of the Texas Department of Criminal Justice, I hereby order and decree that an autopsy be performed on the body of one Robertson Ricky #1172218 W/male, approximately 37 years of age, Date of Birth 08/21/66. Said Autopsy should be performed to determine the cause of death of the offender who died of natural causes while attended by a physician or registered nurse. The deceased was pronounced dead at 1510 M. on this 16 Day of 7 Year 04.

Said autopsy should include a determination of the cause of death and toxicological examinations of the urine, blood and other bodily matter as deemed necessary to determine types and amounts of alcohol or drugs if any are present in his body. I further order that said autopsy be performed by the UTMB Autopsy Service Physicians and/or associates.

Further, said body shall be transported to NA by a representative of NA Funeral Home of NA, Texas, Phone Number NA, or an associate of said Funeral Home. Upon completion of the said autopsy, the body should be relinquished to a representative of NA, for transportation back to said city.

It is understood that due care shall be taken to avoid unnecessary disfigurement of the body.

Please forward copy of preliminary findings and reports to:

TDCJ Death Records Technician
Health Services Division
3009 Hwy. 30 West, Rm. 162
Huntsville, TX 77340
(936) 437-3631
(936) 437-3638 (fax)

Date of Report: 7/16/04 Time: 15:45

Signed on this the 17th Day of July, Year 2004.

A. De Leon
Warden (or designee)

County GALVESTON
City GALVESTON, Texas Zip Code 77555-0449

JUL 28 2004 09:23 FR TDCJ UNIT - H G 409 772 1758 TO 82815993300180083 P.17/17
T-091 P.001/001 F-289

THE COUNTY OF GALVESTON
MEDICAL EXAMINER'S OFFICE

6607 Highway 1764
Texas City, Texas 77591

Stephen Pustilnik, M.D.
Chief Medical Examiner
Phone: (409) 935-8274
Answering Service: (409) 772-4004
FAX: (409) 935-8306

Charles M. Harvey, M.D.
Deputy Medical Examiner

Sparks Veasey, M.D., J.D.
Deputy Medical Examiner

DATE: July 19, 2004

RE: RICKY ROBERTSON

CASE: ML-2004-348

Pursuant to our agreement, the University of Texas Medical Branch is authorized to perform an autopsy on the body of the above named decedent who died in Galveston County, Texas, in keeping with Article 49.25 of the Texas Code of Criminal Procedure.

Stephen Pustilnik, M.D.
Chief Medical Examiner
Galveston County, Texas

Charles M. Harvey, M.D.
Deputy Medical Examiner
Galveston County, Texas

Sparks Veasey, M.D., J.D.
Deputy Medical Examiner
Galveston County, Texas

JUL 19 2004 14:12
JUL 19.04 8:49 No.002 P.02
GALV CO MEDICAL EXM ID:
** TOTAL PAGE.17 **

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

GARY JOHNSON
Executive Director

July 16, 2004

Department of Chaplaincy
Chaplain Gomez
TDCJ Hospital Galveston
P.O. Box 48, Sub. Sta. #1
Galveston, Texas 77555-0449

Mr. Roy Robertson
211 N. Lincoln Ave.
Niles, MI. 49120

Dear Mr. Robertson:

I am writing you on behalf of the Texas Department of Criminal Justice-Institutional Divison and myself to express our sympathy in the death of your brother, Ricky Robertson. The death of a loved one is never easy to accept or understand, but with the help of God, such a burden is possible to bear. You and your family are in my thoughts and prayers at this difficult time.

If there is any way in which I may assist you, please call (409) 772-6191, or you may write me at the above address.

Respectfully,

J. Gomez

Chaplain J. Gomez
LW
cc:file

20 53

Name	Number	Offense	Sent.	Class	Ed.	Plea
ROBERTSON, Ricky L. (W)	1172218	DEADLY CONDUCT	3Y	IB	12	Yes

Max Expir	Minimum Expiration	E.A./I.Q.	Age	DOB	Int./By	Religion
05/22/2006	10/11/2004	Not Tested 89	37	08/21/1966	08/06/2003 LG / sdm	Baptist

COUNTY	Sent. Beg.	Date Received
Harris	05/23/2003	06/25/2003

Baker Cook Laborer

EMPLOYMENT

Inst.	Commitments	Escapes
Juv Prob		
Prob Snt	2	
Jails	3	
Ref'y		
Det Hosp		
Det Home		
St Trans	1	
St Jail		
SubA TF		
TDCJ-ID		
O/Pris	2	

ALL POSTINGS

Jail Good Time Credited From Sentence Begin Date
70th/72nd/73rd LEGISLATURE -
DISCRETIONARY MANDATORY SUPERVISION RELEASE CANDIDATE HB-1433
L1 EFF: 05/23/2003 W EFF: 05/23/2003

06.14.03 NHUCC (01) L1/G2 Kit Temp
08.26.03 RUCC (01) L1/G2, kitchen temp. submit for Baker clearance.
08.26.03 RUCC (34) changes, c IP.
10.22.03 RUCC (06) L1/G2. Re Staff 3
12.17.03 CL/MI # 20040217615 (3170) 12 Rec. [illegible]

ALL POSTINGS (Cont'd.)

2.9.04 RUCC (34) Remain as assigned. No physical threat by offenders own stmt. at UCC; signed waiver.
5.13.04 RUCC (37) L1/G2 APPROVED DORM [illegible]

Transfers and Assignments

ROBERTSON, Ricky L.

1172218

DATE	UNITS	WORK
06.26.03	NH W7H-07	U/P
06.30.03	D5-08	
08.14.03		Kit Temp
08.26.03	RU K11-02	Kit Temp 72 Hr
08.26.03	RU J6-40	
08.27.03	RU [illegible]	Baker Kit
09.22.03	RU	Kit Helper 1st
10.07.03	RU	Kit Helper 2nd

DEADLY CONDUCT (1) (3 years)

ILLNESS, INJURY OR DEATH - NOTIFY
SUBJECT STATES NO ONE

RACE: WHITE SEX: MALE HEIGHT: 06' 05" WEIGHT: 214

COMPLEXION: RUDDY EYES: BRN HAIR: BLK

NATIVITY: La Fayette, Tippecanoe Co, IN MARKS and SCARS:
TAT R.L.R OUTSIDE UPPER RIGHT ARM

DETAINERS:

20.39

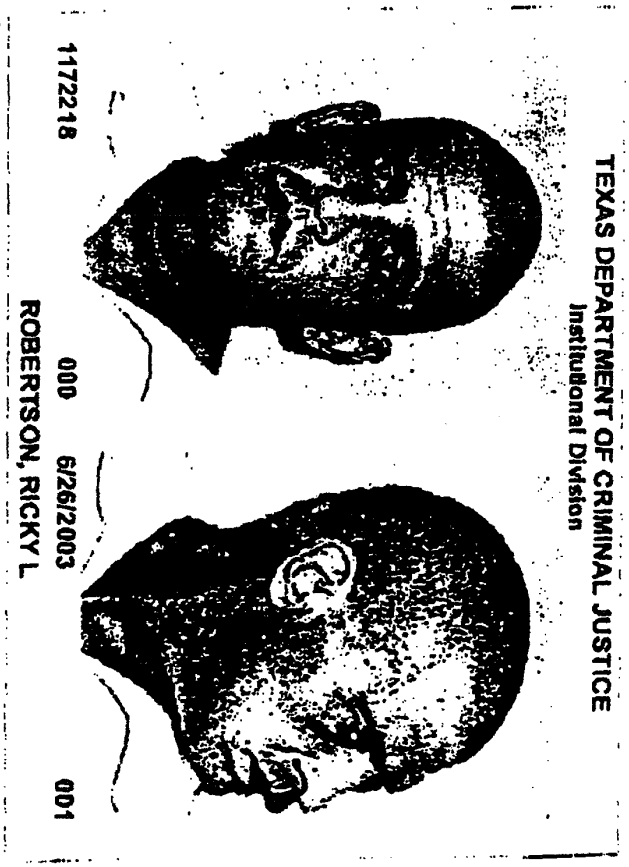
	#1172218	
10.09.03	RL	Kit Klip pd 1st
11.05.03	RL	FT
1-13-04	RL- Kit.	Temp 72hr.
1-20-04	RL-Kit.	Adper 3rd
2-9-04	RL HLC-17	
4-16-04	RL	LCT 3rd
5-13-04	RL-SL-O	Jen. J2 Dorm 1st
6-23-04	RL J3.29	
6-26-04	JM	B1-51
6-28-04	JM	B1-46
6-29-04	QM	B2A-18
6-30-04	QM	B2B-03

Current DPS report indicates 6 arrests--admit 8 arrests resulting in 60 days St. Joseph Michigan Jail for 1 count of Larceny (time served)--30 days Benton Township City, Michigan Jail for Larceny (time served)--20 days Harris County Jail for DWI (PROBATION REVOCATION, time served)--2 year adult probation Berrin County, Michigan 1984 for 1 count Fraud (claims completed)--1 year adult probation Harris County 2001 for DWI (revoked to jail time served)--XX/Michigan Department of Corrections, #181125, Riverside Correction Facility, Ionia, Michigan, on a 1 year 6 month to 5 years sentence for 1 count each UTTERING/PUBLISHING and LARCENY, claims confined 91 days, claims maintained a clear record, claims transferred to St. Joseph Correctional Center, claims confined 6 months, claims maintained a clear record, claims released on PAROLE to Berrin County, Michigan in 1986 and received CLEMENCY DISCHARGE while on PAROLE in 1987--X/Michigan Department of Correction #B181125, Jackson Prison, Michigan on a 3 year 6 months to 10 year sentence for 1 count BREAKING AND ENTERING BUILDING WITH INTENT, claims confined 3 weeks, claims maintained a clear record, claims transferred to Kinross Correctional Facility, claims confined 4 years, claims maintained a clear record, and released on PAROLE to Berrin County in 1993 and received CLEMENCY DISCHARGE while on PAROLE in 1995--as present TDCJ-ID #1172218, was received at the Garza West State Transfer Facility on 06/26/2003, has maintained a clear record--RAT OF P.O. "IT WAS A MISUNDERSTANDING" --claims no contact with father and mother--claims 1 sib deceased--claims single--residence unstable--education claims 15 (WISD NOT VERIFIED)--claims vocational training in baking/cooking 1995 Ferris Tech School, Michigan (WISD NOT VERIFIED)--employment claims baker (NOT VERIFIED), cook (NOT VERIFIED) and laborer--home stability poor due to lack of contact with family--the current offense of DEADLY CONDUCT involves the subject in a verbal conflict with a Metro Bus driver, displayed a cane containing a 19 inch blade (sword), threatened the driver, violence no physical injuries involved--there was a good report from the Harris County Jail Authorities--claims TRUE NAME: ROBERTSON, Ricky Lee--

PROGRAM RECOMMEND

NONE

DPS#: 06651475
FBI#: 584105DA3
SSN#: 376-78-2776
DL#: 02864735



2046

CSIMF500 T.D.C.J. - INSTITUTIONAL DIVISION INMATE VISITORS LIST
DATE: 08/20/03 TIME: 15:54:33

NAME: ROBERTSON,RICKY L TDC# 01172218 STAT/CUST: L1 G2 UNIT: RL
HSNG ASSIGNMENT: K11 G2 BED: 002 LAST VISITOR LIST CHANGE: 07 15 03
INMATE TYPE: TF
01 HULIN, JODY AUSTIN FRND P O BOX 16426 LAKE CHARLES LA
02 KELLY, LOLA FRND P O BOX 16426 LAKE CHARLES LA

PRESS PF2 KEY TO CORRECT ERRORS OR TO BROWSE VISITORS FOR THE CURRENT MONTH

CONTACT VISITS THIS MO: 0 LAST VISIT DATE: CONTACT VTSIT ELIG. N
REGULAR VISITS THIS MO: 0 LAST VISIT DATE:
SPECIAL VISITS THIS MO: 0 LAST VISIT DATE: TDCJ RECV DT: 06/26/03
ENTER NEXT TDCNO, CODE, OR REQUEST: OR SIDNO
PF1=HELP PF5=DISAPPROVED LIST

20-11

Texas Department Of Criminal Justice-Institutional Division
Darrington Unit
2nd Shift 2nd-6am Roster

SUN MON TUE WED (THUR) FRI SAT
DATE 7-15-04

Card					Duty Post	
Gutierrez, P.	459-97-7724	Browning, J ST	454-33-8594	1	A/B Picket	Langston
Reyna, P.	556-85-1906	Langston, K.	454-99-4772	2	C/D Picket	Cornish
Mitchell, J.	454-84-6219	Gallegos,	453-76-5351	3	E/F Picket	Hazmat
Hill, T	465-65-1851	Bailey, I	634-86-3400	4	G/H Picket	Bailey
Jones, L.	333-32-7222	Knight,	571-39-1159	5	A Line Rover	Basali
Tubbs, P.	453-39-4920	Griffin, J. UT	452-96-7775	6	B Line Rover	Thrower
				7	C Line Rover	McReynolds
				8	D Line Rover	Gambrell
				9	E Line Rover	Okwuegambe
McCoy, D	454-55-8555	Kennedy ST	456-00-4007	10	E Line Rover	Odusanya
Payne, N	644-86-5061	Kehinde, S WC	451-59-4049	11	F Line Rover	Chaidez
Wagner, R.	463-34-7739	Thrower,	466-63-4919	12	F Line Rover	Efejika
Johnson, B.	453-65-3429	Lemons, L NCNS	464-63-5850	13	G Line Rover	Thomas/Allwake
Taylor, C.	449-59-3354	Chaidez, J.	457-71-6580	14	H Line Rover	Nohonu
Williams, M	659-86-3497	Busch, C.	423-84-3358	15	T-1 Corridor	Akudue
Knight, R.	649-65-6090	Okwuegambe, V.	624-88-3841	16	T-2 Corridor	Efedobi
		Thomas, T.	467-66-2965	17	*Utility	Mayes
				18	*Utility	Lewis
Lewis, D	449-59-4565	Cornish, K	608-45-3927	19	*Shakedown/Escort	Bazaldua
Alamano, O.	635-38-1307	Hodges, I	659-60-7458	20	*Shakedown/Escort	Knight
Reed, S ST	459-77-6088	Martin, L -45 min CT	008-68-6086			
Nasha, E.	407-36-5470	Harmon, M. ST	451-81-6070			
Rosebud, R -1:15 CT	640-84-5955	Odusanya, F -5hr CT	165-74-6197			
McReynolds, M.	449-59-7664	Gambrell, T.	466-79-3202			
Alexander, C. SL	449-97-6432	Abercrombie,	637-86-5864	21	Recreation	Gallegos
Bailey, O	467-29-1942	Johnson, G.	456-79-1756	22	Recreation	Thomas
Easton, G. ST	459-89-7314	Taylor, A	469-35-1996	23	Recreation	Martin
Kindall, ST	454-15-8676	Rogers, V	469-74-6548	24	Shakedown/Escort	
Mayo	461-53-3957	Windom, C.	459-35-7267	25	Shakedown/Escort	
Davidson, A.	469-67-4538	Quintanilla, J.	459-48-3097	26	Shakedown/Escort	
		Gordon, V	462-48-1456	27	Shakedown/Escort	
		Davis, E.	466-57-5714	28	Shakedown/Escort	
				29	Shakedown/Escort	
				30	Shakedown/Escort	
Nelson, S WC	452-88-5980			31	Shakedown/Escort	
Thomas,	451-81-1401			32	Shakedown/Escort	
Mbonu, E.	636-83-4420			33	Shakedown/Escort	
Morris, B NCNS	244-49-2876			34	Shakedown/Escort	
Hazmat -15 min CT	654-91-59[illegible]			35	Shakedown/Escort	
Gutierrez NCNS	521-3390					

				TOTAL ASSIGNED 59	CARDS OFF 4,5,6
Sergeant	(P2)	Taylor, T	463-37-4982	TOTAL WORKING 23	
Sergeant	(P3)	Lopez, A	462-65-7165		
Sgt.	(P6)	Stephens	464-67-9808	SUPERVISOR SIGNATURE Sgt. Stephens	

* Denotes Category 1 FLEX Positions (Used to fill Category 2 Positions)

2110

SHIFT INFORMATION

[illegible] Briefing Topics: Use of force on F-line, Count, Showers

[illegible] Security Measures:

[illegible] Post Standard Reading:

[illegible] Information:

[illegible]	TO	TIME	[illegible]